JUDICIAL OFFICE
CANDIDATE OATH

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OFFICE USE ONLY

OATH OF CANDIDATE (Section 105.031, Florida Statutes)

I, Howard Andrew Swett
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of Judge County Court, Lee County (office), ____ (district #), 20 (circuit #), 5 (group #); my legal residence is Lee County, Florida; I am a qualified elector 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.

X [signature] (239) 980-1003
Signature of Candidate **Telephone Number** **Email Address**

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

111567421
SWETT, HOWARD ANDREW
P O BOX 21
FORT MYERS FL 33902

* Please print name phonetically on the line below as you wish i
disabilities (*see* instructions on page 2 of this form):

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 25 **day of** April, **20**14.

Personally Known: X or

Produced Identification: ____

Type of Identification Produced: ____

[signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

KATE L. HRONCICH
Commission # EE 840974
Expires October 27, 2016
Bonded Thru Troy Fain Insurance 800-385-7019

FORM 6 **FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTEREST** 2013

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

FOR OFFICE USE ONLY:

'14APR25PM 3 36 SOE LEE CO FL

LAST NAME — FIRST NAME — MIDDLE NAME:
Swett Howard Andrew

MAILING ADDRESS:
P.O. Box 21

CITY: Fort Myers ZIP: 33902 COUNTY: Lee

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Judge of County Court, Lee County, Group 5

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, 2013, 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 25, 2014, 20 14 was $ <187469>.

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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.

The aggregate value of my household goods and personal effects (described above) is $ 25,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Single Family Dwelling, 1	174,705.00
Cash, Wells Fargo Bank Accounts: 1530 Heitman Street Fort Myers, FL 33901	15,000
Loan Receivable, Howard Andrew Swett Campaign	30,000

PART C – LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Cowen, P.O. Box 79135 Phoenix, Az 85062-9135	290,445.00
PNC Bank P.O. Box 856176 Louisville, KY 40285-6176	70,000.00
Great Lakes P.O. Box 7860 Madison, WI 53707-7860	22,967.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

(Continued on reverse side)

PART D -- INCOME

You may *EITHER* (1) file a complete copy of your 2013 federal income tax return, *including all W2's, schedules, and attachments*, *OR* (2) file a sworn statement identifying each separate source and amount of income which exceeds $1,000, including secondary sources of income, by completing the remainder of Part D, below.

☒ I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2013 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
N/A		

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
N/A			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
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			

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

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]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Lee

Sworn to (or affirmed) and subscribed before me this 25 day of April, 2014 by H. Andrew Swett.

Kate L. Hroncich

(Signature of Notary Public--State of Florida)

KATE L. HRONCICH
Commission # EE 840974
Expires October 27, 2016
Bonded Thru Troy Fain Insurance 800-385-7019

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

Personally Known X 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.

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Form 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2013

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
Howard Andrew	Swett	
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.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name | Foreign province/state/county | Foreign postal code

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

Filing Status

Check only one box.

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

Exemptions

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

Boxes checked on 6a and 6b: 1
No. of children on 6c who: • lived with you: 2
• did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above:
Add numbers on lines above ▶ 3

c Dependents:

If more than four dependents, see instructions and check here ▶☐

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instr.)
Andrew	Swett		Son	X
Alyssa	Swett		Daughter	

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	140,369
8a	Taxable interest. Attach Schedule B if required			8a	12
b	Tax-exempt interest. Do not include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	
b	Qualified dividends	9b			
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	-3,000
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a		15b b Taxable amount	
16a	Pensions and annuities	16a	39,272	16b b Taxable amount	8,086
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a		20b b Taxable amount	
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶			22	145,467

Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶			37	145,467

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Form 1040 (2013) Howard Andrew Swett '14APR25PM 3 36 SOE LEE CO FL Page 2

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	145,467
39a	Check if: ☐ You were born before January 2, 1949, ☐ Blind. ☐ Spouse was born before January 2, 1949, ☐ Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b ☐		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	16,951
41	Subtract line 40 from line 38	41	128,516
42	Exemptions. If line 38 is $150,000 or less, multiply $3,900 by the number on line 6d. Otherwise, see instructions	42	11,700
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	116,816
44	Tax (see instr.). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	23,707
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45 ▶	46	23,707
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶	55	23,707

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, $6,100
Married filing jointly or Qualifying widow(er), $12,200
Head of household, $8,950

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO	58	43
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax ▶	61	23,750

'14APR28PM 3 02 SOE LEE CO FL

Payments

62	Federal income tax withheld from Forms W-2 and 1099	62	28,727
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a ☐ 2439 b ■ Reserved c ☐ 8885 d ☐	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments ▶	72	28,727

If you have a qualifying child, attach Schedule EIC.

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	4,977
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	74a	4,977
▶ b	Routing number 067006432 ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number		
75	Amount of line 73 you want applied to your 2014 estimated tax ▶ 75		

Direct deposit? See instructions.

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	
77	Estimated tax penalty (see instructions) 77		

Third Party Designee

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

Designee's name ▶ Nancy Givens Phone no. ▶ 239-466-9900 Personal identification number (PIN) ▶ 33907

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 instr. Keep a copy for your records.

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Nancy Givens	Nancy Givens	03/28/14		P00232171

Firm's name ▶ Givens CPA Group Firm's EIN ▶ 45-3360294

Firm's address ▶ 13720 Cypress Terrace Cir Suite 303 Fort Myers FL 33907 Phone no. 239-466-9900

DAA

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

OMB No. 1545-0074

2013

Attachment Sequence No. 07

Name(s) shown on Form 1040: Howard Andrew Swett

Your social security number:

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 38 [2]				
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5	State and local (check only one box): a ☐ Income taxes, or b ☒ General sales taxes	5	1,428		
	6	Real estate taxes (see instructions)	6	1,633		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	3,061
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	13,890		
Note. Your mortgage interest deduction may be limited (see instructions).	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11			
	12	Points not reported to you on Form 1098. See instructions for special rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
	15	Add lines 10 through 14			15	13,890
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16			
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of $250 or more, see instructions. You must attach Form 8283 if over $500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
	22	Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38 [25]				
	26	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶			28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $150,000? ☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. ☐ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29	16,951
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

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SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.
▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2013

Attachment Sequence No. 12

Name(s) shown on return: Howard Andrew Swett

Your social security number:

Short-Term Capital Gains and Losses – Assets Held One Year or Less

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

Long-Term Capital Gains and Losses – Assets Held More Than One Year

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				

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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	(76,580)
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	-76,580

'14APR25PM 3 36 SOE LEE CO F1

Howard Andrew Swett

Summary

16 Combine lines 7 and 15 and enter the result .... 16 | -76,580

- If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, 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, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 both gains?

☐ **Yes.** Go to line 18.

☐ **No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions .... ▶ 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions .... ▶ 19

'14APR28PM 3 02 SOE LEE CO F1

20 Are lines 18 and 19 both zero or blank?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500) .... 21 | (3,000)

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).

☒ **No.** Complete the rest of Form 1040 or Form 1040NR.

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'14APR25PM 3 36 SOE LEE CO FI

a Employee's social security number		Payroll organization code	22-25-20-36-110
		Intradepartment number	0000000000
b Employer identification number	59-6001874	1 Wages, tips, other compensation	130,771.65
		2 Federal income tax withheld	28,201.29
c Employer's name, address, and ZIP code	State of Florida Jeff Atwater, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	3 Social security wages	113,700.00
		4 Social security tax withheld	7,049.40
		5 Medicare wages and tips	134,848.65
		6 Medicare tax withheld	1,955.31
		7 Social security tips	
		10 Dependent care benefits	
d Control number	018249 01/07	11 Nonqualified plans	
		12a See instructions for box 12	DD 6,901.12
e Employee's first name, mi, and last name	H ANDREW SWETT	13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐	
		12b	
		14 Other	125 1,051.32
		12c	
		12d	
f Employee's address and ZIP code		12e	

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** **2013**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

'14APR28PM 3 02 SOE LEE CO FI

a Employee's social security number		Payroll organization code	22-25-20-36-110
		Intradepartment number	0000000000
b Employer identification number	59-6001874	1 Wages, tips, other compensation	130,771.65
		2 Federal income tax withheld	28,201.29
c Employer's name, address, and ZIP code	State of Florida Jeff Atwater, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356	3 Social security wages	113,700.00
		4 Social security tax withheld	7,049.40
		5 Medicare wages and tips	134,848.65
		6 Medicare tax withheld	1,955.31
		7 Social security tips	
		10 Dependent care benefits	
d Control number	018249 01/07	11 Nonqualified plans	
		12a See instructions for box 12	DD 6,901.12
e Employee's first name, mi, and last name	H ANDREW SWETT	13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐	
		12b	
		14 Other	125 1,051.32
		12c	
		12d	
f Employee's address and ZIP code		12e	

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** **2013**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA327W Rev. 03/21/2013

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.

a Employee's social security number	OMB No. 1545-0008	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.

b Employer identification number (EIN) 59-1211051	1 Wages, tips, other compensation 9596.70	2 Federal income tax withheld 441.43
c Employer's name, address, and ZIP code EDISON STATE COLLEGE 8099 College Parkway SW Fort Myers FL 33919	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips 10374.82	6 Medicare tax withheld 150.43
	7 Social security tips	8 Allocated tips
d Control number 1653	9	10 Dependent care benefits
e Employee's first name and initial: Howard A; Last name: Swett; Suff.	11 Nonqualified plans	12 See Instructions for box 12
	13 Statutory employee [ ] Retirement plan [ ] Third-party sick pay [ ]	
f Employee's address and ZIP code	14 Other Alt SS 778.12	

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 **2013** Department of Treasury - Internal Revenue Service

'14APR25PM 3 37 SDE LEE CO FL

'14APR28PM 3 02 SDE LEE CO FL

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code Northwestern Mutual Life Life Insurance Company 720 E Wisconsin Ave Milwaukee, WI 53202	1 Gross distribution $ 38,846.94 2a Taxable amount $ 7,660.78	OMB No. 1545-0119 2013 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined ☐	Total distribution ☐	Copy B Report this income on your Federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.
PAYER'S federal identification number 39-0509570 / RECIPIENT'S identification number XXX-XX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code HOWARD A SWETT	5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
	7 Distribution code(s) 7 / IRA/SEP/SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
	9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $ / 11 1st year of desig. Roth contrib.	12 State tax withheld .00 $ .00	13 State/Payer's state no. FL / FL /	14 State distribution .00 $ .00
Account number (see instructions)	15 Local tax withheld $	16 Name of locality	17 Local distribution $

Form 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code Northwestern Mutual Life Life Insurance Company 720 E Wisconsin Ave Milwaukee, WI 53202	1 Gross distribution $ 38,846.94 2a Taxable amount $ 7,660.78	OMB No. 1545-0119 2013 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined ☐	Total distribution ☐	Copy C For Recipient's Records
PAYER'S federal identification number 39-0509570 / RECIPIENT'S identification number XXX-XX	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code HOWARD A SWETT	5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
	7 Distribution code(s) 7 / IRA/SEP/SIMPLE ☐	8 Other $ %	This information is being furnished to the Internal Revenue Service.
	9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $ / 11 1st year of desig. Roth contrib.	12 State tax withheld .00 $ .00	13 State/Payer's state no. FL / FL /	14 State distribution .00 $ .00
Account number (see instructions)	15 Local tax withheld $	16 Name of locality	17 Local distribution $

Form 1099-R (Keep for your records.) www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

'14APR25PM 3 37 SDE LEE CO FL

CORRECTED (if checked)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code Northwestern Mutual Life Life Insurance Company 720 E Wisconsin Ave Milwaukee, WI 53202	1 Gross distribution $ 38,846.94 2a Taxable amount $ 7,660.78	OMB No. 1545-0119 2013 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2b Taxable amount not determined ☐	Total distribution ☐	Copy 2 File this copy with your state, city, or local income tax return, when required.
PAYER'S federal identification number 39-0509570 / RECIPIENT'S identification number XXX-X	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code HOWARD A SWETT	5 Employee contributions/Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
	7 Distribution code(s) 7 / IRA/SEP/SIMPLE ☐	8 Other $ %	
	9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $ / 11 1st year of desig. Roth contrib.	12 State tax withheld .00 $ .00	13 State/Payer's state no. FL / FL /	14 State distribution .00 $ .00
Account number (see instructions)	15 Local tax withheld $	16 Name of locality	17 Local distribution $

'14APR28PM 3 02 SDE LEE CO FL

Form 1099-R
3H8034 4.000
www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code	STATE STREET RETIREE SERVICES FOR ABA RETIREMENT FUNDS 1-800-348-2272 P O BOX 5191 BOSTON, MA 02206-5191
1 Gross distribution	$ 425.35
2a Taxable amount	$ 425.35
OMB No. 1545-0119	2013 FORM 1099-R
2b Taxable amount not determined	☐
Total distribution	☒
PAYER'S federal identification number	04-3581074
RECIPIENT'S identification number	***-*1
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 85.07
RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code	HOWARD ANDRE SWETT
5 Employee contributions/Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
7 Distribution code(s)	1
IRA/SEP/SIMPLE	☐
8 Other	$ %
9a Your percentage of total distribution	%
9b Total employee contributions	$
10 Amount allocable to IRR within 5 years	$
11 1st year of desig. Roth contrib.	
12 State tax withheld	$ 0.00
13 State/Payer's state no.	FL
14 State distribution	$
Account number (see instructions)	ABRA PSP--
15 Local tax withheld	$
16 Name of locality	
17 Local distribution	$

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

☐ CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code	STATE STREET RETIREE SERVICES FOR ABA RETIREMENT FUNDS 1-800-348-2272 P O BOX 5191 BOSTON, MA 02206-5191
1 Gross distribution	$ 425.35
2a Taxable amount	$ 425.35
OMB No. 1545-0119	2013 FORM 1099-R
2b Taxable amount not determined	☐
Total distribution	☒
PAYER'S federal identification number	04-3581074
RECIPIENT'S identification number	***-*1
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 85.07
RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code	HOWARD ANDRE SWETT
5 Employee contributions/Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
7 Distribution code(s)	1
IRA/SEP/SIMPLE	☐
8 Other	$ %
9a Your percentage of total distribution	%
9b Total employee contributions	$
10 Amount allocable to IRR within 5 years	$
11 1st year of desig. Roth contrib.	
12 State tax withheld	$ 0.00
13 State/Payer's state no.	FL
14 State distribution	$
Account number (see instructions)	ABRA PSP--
15 Local tax withheld	$
16 Name of locality	
17 Local distribution	$

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy C For Recipient's Records

This information is being furnished to the Internal Revenue Service.

Form 1099-R (keep for your records) www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

☐ CORRECTED (IF CHECKED)

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code	STATE STREET RETIREE SERVICES FOR ABA RETIREMENT FUNDS 1-800-348-2272 P O BOX 5191 BOSTON, MA 02206-5191
1 Gross distribution	$ 425.35
2a Taxable amount	$ 425.35
OMB No. 1545-0119	2013 FORM 1099-R
2b Taxable amount not determined	☐
Total distribution	☒
PAYER'S federal identification number	04-3581074
RECIPIENT'S identification number	***-*
3 Capital gain (included in box 2a)	$
4 Federal income tax withheld	$ 85.07
RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code	HOWARD ANDRE SWETT
5 Employee contributions/Designated Roth contributions or insurance premiums	$
6 Net unrealized appreciation in employer's securities	$
7 Distribution code(s)	1
IRA/SEP/SIMPLE	☐
8 Other	$ %
9a Your percentage of total distribution	%
9b Total employee contributions	$
10 Amount allocable to IRR within 5 years	
11 1st year of desig. Roth contrib.	
12 State tax withheld	$ 0.00
13 State/Payer's state no.	FL
14 State distribution	$
Account number (see instructions)	ABRA PSP--
15 Local tax withheld	$
16 Name of locality	
17 Local distribution	$

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy 2 File this copy with your state, city, or local income tax return, when required.

Form 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

THIS DOCUMENT ISSUED AS A YEAR 2013 TAX STATEMENT FOR A 1099 INFORMATION RETURN, 1098 MORTGAGE INTEREST STATEMENT OR 1098-E STUDENT LOAN STATEMENT - READ CAREFULLY

TAX YEAR 2013

WELLS FARGO BANK, N.A.
1-800-TO-WELLS (800-869-3557)
P.O. BOX 3908 287
PORTLAND, OR 97208 E.I.N. 94-1347393

DC9211DTAZ 008516

HOWARD ANDREW SWETT PH

FOR TAX YEAR
2013

TAXPAYER ID NUMBER

2013 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER		
SAVINGS INT	2100		
BOX 1		INTEREST INCOME	11.92
TOTAL INTEREST			11.92

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DC9211DTAZ 008516 NNNNNNNNNN NNN NN 001 001 287 017033 10766288.1.1

1099-INT 1099-DIV 1099-OID 1099-MISC *1099-B

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1099-A 1099-C

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines it has not been reported.

1098-E

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

1099-S

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this item is required to be reported and the IRS determines that it has not been reported.

*Form 1099-OID: This may not be the correct figure to report on your income tax return. See instructions on back.

1099-INT, Interest Income, OMB No. 1545-0112
1099-DIV, Dividends and Distributions, OMB No. 1545-0110
1099-OID, Original Issue Discount, OMB No. 1545-0117
1099-MISC, Miscellaneous Income, OMB No. 1545-0115
1099-A, Acquisition or Abandonment of Secured Property, OMB 1545-0877
1099-B, Proceeds from Broker and Barter Exchange Transactions, OMB 1545-0715
1099-C, Cancellation of Debt, OMB No. 1545-1424
1098-E, Student Loan Interest Statement, OMB No. 1545-1576
1099-S Proceeds from Real Estate Transactions, OMB No. 1545-0997
1098 Mortgage Interest Statement, OMB No. 1545-0901

1098 - MORTGAGE

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

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

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

TRUSTEE 866-234-8913 W1001 OPTUM BANK POST OFFICE BOX 271129 SALT LAKE CITY UT 84127-1129 CORRECTED (if checked) ☐	TRUSTEE'S Federal identification number 47-0858534	1 Employee or self-employed person's Archer MSA contributions made in 2013 and 2014 for 2013 $	
	PARTICIPANT'S social security number XXX-XX	2 Total contributions made in 2013 $	
		3 Total HSA or Archer MSA contributions made in 2014 for 2013 $	
PARTICIPANT 235004 HOWARD A SWETT 1625 HENDRY ST STE 301 FORT MYERS FL 33901-2969		4 Rollover contributions $	
		5 Fair market value of HSA, Archer MSA, or MA MSA $ 195.99	
2013 **FORM 5498-SA** **HSA, Archer MSA, or Medicare Advantage MSA Information** **Copy B For Participant** OMB No. 1545-1518		6 HSA .... X Archer MSA .... ☐ MA MSA .... ☐	
Account number (see instructions)		The information in boxes 1 through 6 is being furnished to the Internal Revenue Service.	

14APR 18 PM 3:02 SOE LEE CO FL

Form 5498-SA (keep this copy for your records)

Instructions for Participant

This information is submitted to the Internal Revenue Service by the trustee of your health savings account (HSA), Archer MSA, or Medicare Advantage MSA (MA MSA).

Generally, contributions you make to your Archer MSA are deductible. Employer contributions are excluded from your income and are not deductible by you. If your employer makes a contribution to one of your Archer MSAs, you cannot contribute to any Archer MSA for that year. If you made a contribution to your Archer MSA when your employer has contributed, you cannot deduct your contribution, and you will have an excess contribution. If your spouse's employer makes a contribution to your spouse's Archer MSA, you cannot make a contribution to your Archer MSA if your spouse is covered under a high deductible health plan that also covers you.

Contributions that the Social Security Administration makes to your MA MSA are not includible in your gross income nor are they deductible. Neither you nor your employer can make contributions to your MA MSA.

Generally, contributions you or someone other than your employer make to your HSA are deductible on your tax return. Employer contributions to your HSA may be excluded from your income and are not deductible by you. You and your employer can make contributions to your HSA in the same year.

See Form 8853 and its instructions or Form 8889 and its instructions. Any employer contributions made to an Archer MSA are shown on your Form W-2 in Box 12 (code R); employer contributions made to an HSA are shown in Box 12 (code W). For more information, see Pub. 969.

Participant's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN). However, the issuer has reported your complete identification number to the IRS and, where applicable, to state and/or local governments.

Account number. May show an account or other unique number the trustee assigned to distinguish your account.

Box 1. Shows contributions you made to your Archer MSA in 2013 and through April 15, 2014, for 2013 You may be able to deduct this amount on your 2013 Form 1040. See the Form 1040 instructions.

Note: The information in boxes 2 and 3 is provided for IRS use only.

Box 2. Shows the total contributions made in 2013 to your HSA or Archer MSA. See Pub. 969 for who can make contributions. This includes quailified HSA funding distributions (trustee-to-trustee transfers) from your IRA to fund your HSA. The trustee of your MA MSA is not required to, but may, show contributions to your MA MSA.

Box 3. Shows the total HSA or Archer MSA contributions made in 2014 for 2013.

Box 4. Shows any rollover contribution from an Archer MSA to this Archer MSA in 2013 or any rollover from an HSA or Archer MSA to this HSA. See Form 8853 or Form 8889 and their instructions for information about how to report distributions. This amount is not included in box 1, 2, or 3.

Box 5. Shows the fair market value of your HSA, Archer MSA, or MA MSA at the end of 2013.

Box 6. Shows the type of account that is reported on this Form 5498-SA.

Other information. The trustee of your HSA, Archer MSA, or MA MSA may provide other information about your account on this form.

Note: *Do not attach Form 5498-SA to your income tax return. Instead, keep it for your records.*

Future developments. For the latest information about developments related to Form 5498-SA and its instructions, such as legislation enacted after the form and instructions were published, go to *www.irs.gov/form5498sa*.

'14APR 18 PM 3:37 SOE LEE CO FL

PNCBANK NATIONAL ASSOCIATION
PO BOX 5570
CLEVELAND OH 44101-0570

HOWARD A SWETT

P198
282244

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'14APR25PM 3 37 SDE LEE C0F1

☐ CORRECTED (if checked)

Mortgage Interest Statement

RECIPIENT'S/LENDER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone number PNCBANK NATIONAL ASSOCIATION PO BOX 5570 CLEVELAND OH 44101-0570 888-762-1099		* Caution: *The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.*	OMB No. 1545-0901 **2013** Form 1098
RECIPIENT'S federal identification no. 221146430	PAYER'S social security number	1 Mortgage interest received from payer(s)/borrower(s)* $ 3001.26	Copy B For Payer/Borrower
PAYER'S/BORROWER'S name, Street address (including apt. no.), City or town, province or state, country, and ZIP or foreign postal code HOWARD A SWETT		2 Points paid on purchase of principal residence $	
		3 Refund of overpaid interest $ 0.00	
		4 Mortgage insurance premiums $	
Account number (see instructions)		5	

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

Form 1098 (keep for your records.) www.irs.gov/form1098 4271 2990 8160 282244 Department of the Treasury - Internal Revenue Service

Instructions for Payer/Borrower

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

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

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

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

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

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances.

Caution: *If you prepaid interest in 2013 that accrued in full by January 15, 2014, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2013 even though it may be included in box 1.* If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.

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

Box 3. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 3 amount on the "Other income" line of your 2013 Form 1040. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

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

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

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

CCHA9625 5170 0001 1098 07 140105 PAGE 00001 OF 00001 IRS 282244

RECIPIENT'S/LENDER'S name, address and telephone number
OCWEN LOAN SERVICING, LLC
P.O. Box 24646
West Palm Beach, FL 33416-4646

If you have any questions, call toll-free 1-800-746-2936

☐ CORRECTED (if checked)

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

OMB No. 1545-0901

2013

Substitute Form **1098**

Mortgage Interest Statement

CopyB
For Payer/Borrower

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

PAYER'S/BORROWER'S name, street address (including apt. no.), city, state and ZIP code

Howard Andrew Swett

1. Mortgage interest received from payer(s)/borrower(s)*	$ 10,888.82
2. Points paid on purchase of principal residence	$ 0.00
3. Refund of overpaid interest	$ 0.00
4. Mortgage Insurance Premiums	$ 0.00
5. Real estate taxes paid	$ 0.00

RECIPIENT'S federal identification no.	PAYER'S social security number
01-0681100	XXX-X

Account number (see instructions)

Substitute Form **1098** (keep for your records) Department of the Treasury - Internal Revenue Service

14APR25PM 3 37 SOE LEE CO FL

Instructions for Payer/Borrower

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

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

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

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

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

Box 1. Shows the mortgage interest received by the recipient/lender during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buydown" mortgage. Such amounts are deductible by you only in certain circumstances. **Caution:** If you prepaid interest in 2013 that accrued in full by January 15, 2014, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2013 even though it may be included in box 1. If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.

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

Box 3. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 3 amount on the "Other income" line of your 2013 Form 1040. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and Itemized Deduction Recoveries in Pub. 525.

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

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

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

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☐ CORRECTED (if checked)

FILER'S name, street address, city or town, province or state, ZIP or foreign postal code, and telephone number Stetson University, Inc. 421 N Woodland Blvd Unit 8318 SSN Deland FL 32723 386-822-7022	1 Payments received for qualified tuition and related expenses $ 2 Amounts billed for qualified tuition and related expenses $ 38530.00	OMB No. 1545-1574 **2013** Form 1098-T	**Tuition Statement**
FILER'S Federal identification no. 59-0624116	STUDENT'S social security number ***-**	3 Check if you have changed your reporting method for 2013 ☐	**Copy B** **For Student**
STUDENT'S name, street address, city or town, province or state, country, and ZIP or foreign postal code DOB 65 Alyssa Dajani Swett	4 Adjustments made for a prior year $ 6 Adjustments to Scholarships or grants for a prior year $	5 Scholarships or grants $ 14648.00 7 Check this box if the amount in box 1 or 2 include amounts for an academic period beginning January - March 2014 ☒	This is important tax information and is being furnished to the Internal Revenue Service
Service Provider/Account Number (optional)	8 Check if at least half-time student ☒	9 Check if a graduate student ☐	10 Ins Contact reimb/refund $

Form **1098-T** (keep for your records) Department of the Treasury - Internal Revenue Service

WHAT IS IRS FORM 1098-T

IRS Form 1098-T – A college or university that received qualified tuition and related expenses on your behalf is required to file Form 1098-T, above, with the Internal Revenue Service (IRS). A copy of Form 1098-T must be furnished to you. The information being reported to the IRS verifies your enrollment with regard to certain eligibility criteria for the American Opportunity Tax Credit, the Lifetime Learning Tax Credit and the Higher Education Tuition and Fees Deduction. However, the enrollment information by itself does not establish eligibility for either credit or deduction.

Box 1. Indicates the total payments received for qualified tuition and related expenses less any related reimbursements or refunds. If an amount is provided in Box 1 then Box 2 is blank.
Box 2. Indicates the total amounts billed for qualified tuition and related expenses less any related reductions in charges. If an amount is provided in Box 2 then Box 1 is be blank.
Box 3. Indicates if the school has changed its 1098-T reporting method (amounts billed or amounts paid) for 2013.
Box 4. Indicates any adjustment made for a prior year for qualified tuition and related expenses that were reported on a prior year Form 1098-T. This amount may reduce any allowable education credit or deduction you may claim for the prior year. See Form 8863, 8917 or Pub. 970 for more information.

Box 5. Indicates the total of all scholarships or grants administered and processed by the eligible educational institution. The amount of scholarships or grants for the calendar year (including those not reported by the institution) may reduce the amount of any education credit or deduction you may claim for the year. See Form 8863 or 8917 for how to report these amounts.
Box 6. Indicates an adjustment to scholarships or grants for a prior year. This amount may affect the amount of any allowable education credit or deduction you may claim for the prior year. See Form 8863 or 8917 for how to report these amounts.
Box 7. If this Box is checked, the amount in Box 1 or 2 includes amounts for an academic period beginning January-March 2014. See Pub. 970 for how to report these amounts.
Box 8. Indicates whether your school considers you to have carried at least one-half the normal full-time workload for your course of study for an academic term during tax year 2013. If you were at least a half-time student for at least one academic term during 2013, you meet one of the requirements for the American Opportunity Credit. You do not have to meet the workload requirement to qualify for the Tuition and Fees Deduction or the Lifetime Learning Credit.
Box 9. Indicates whether your school considers you to have been enrolled in a program leading to a graduate degree, graduate-level certificate, or other recognized graduate-level educational credential during tax year 2013. If you were enrolled in a graduate program, you are not eligible for the American Opportunity Credit, but you may qualify for the Tuition and Fees Deduction or the Lifetime Learning Credit.
Box 10. Indicates the total amount of reimbursements or refunds of qualified tuition and related expenses made by an insurer. The amount of reimbursements or refunds for the calendar year may reduce the amount of any allowable tuition and fees deduction or the education credit you may claim for the year.

BACKGROUND INFORMATION

The Taxpayer Relief Act of 1997 (TRA97) established two education tax credits: the *Hope Tax Credit (currently modified as the American Opportunity Credit by the American Recovery and Reinvestment Act of 2009)* for students who are enrolled in one of the first four years of postsecondary education and are carrying at least a half-time workload while pursuing an undergraduate degree, certificate, or other recognized credential; and the ***Lifetime Learning Tax Credit*** for students who take one or more classes from a college or university to pursue an undergraduate or graduate degree, certificate, other recognized credential, or to acquire or improve job skills.
The Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) established a ***Higher Education Tuition and Fees Deduction*** for students who have a modified adjusted gross income that exceeds the defined thresholds for the tax credits.
To claim the ***American Opportunity (Hope) or Lifetime Learning Tax Credit***, use IRS Form 8863, Education Credits. To claim a Higher Education Tuition and Fees Deduction, use IRS form 8917 but it is not necessary to file an itemized federal income tax return. The deduction is claimed on Line19 on IRS Form 1040A, or Line 34 on IRS Form 1040. *If you are claimed as a dependent by another person [including your parent(s)], you cannot claim the American Opportunity (Hope) Tax Credit, Lifetime Learning Credit or a Higher Education Tuition and Fees Deduction. However, the person claiming you may be entitled to the credit on his or her tax return.*

Resources: For more information see IRS Publication 970: Tax Benefits for Higher Education and IRS Notice 97-60: provides consumer guidance on Education Tax Incentives. These documents and IRS Form 8863 and 8917 are available at www.irs.gov or by calling the IRS at 1-800-829-1040. For additional 1098-T information and instructions from your college or university go to www.1098-T.com.

YOUR SCHOOL MAY HAVE PROVIDED ADDITIONAL FINANCIAL INFORMATION ON THE BACK OF THIS FORM, OR YOU MAY USE YOUR PERSONAL FINANCIAL RECORDS TO ASSIST YOU IN DETERMINING ELIGIBILITY FOR AN EDUCATION TAX CREDIT OR DEDUCTION. YOUR PERSONAL FINANCIAL RECORDS SERVE AS THE SUPPORTING DOCUMENTATION FOR YOUR FEDERAL INCOME TAX RETURN. PLEASE SEE THE ENCLOSED INFORMATIONAL BROCHURE OR WWW.1098-T.COM FOR ADDITIONAL INFORMATION REGARDING ELIGIBILITY AND INCOME LIMITS.

Other Side May Provide More Information

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