FORM 6 FULL AND PUBLIC DISCLOSURE	2017
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERESTS FOR	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Stokes, Joseph L.	
MAILING ADDRESS: 2018 JUN 19 PM 12 351 Hernando Avenue	20
Burn TER COLORIY SUrners - 1911	
CITY : ZIP : COUNTY :	
Sarasota, FL 34243 Manatee County	
NAME OF AGENCY :	
NAME OF OFFICE OR POSITION HELD OR SOUGHT : School Board of Manatee County - District 4	
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, 2017 or a more current date. [Note: culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instruct My net worth as of, 20 $\frac{18}{2000}$ was \$ $\frac{925,022}{2000000000000000000000000000000000$	
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 of following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects 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 \$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	
Bank of America, bank account-cash	\$26,000
Chase Bank, bank account-cash	\$13,000
Bencor-cash fund	\$22,500
Continued on attachment for Part B	
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Cenlar, PO Box 77404, Ewing, NJ, 08628, mortgage 351 Hernando, Ave, 34243	\$285,000
Wells Fargo, PO Box 14411, Des Moines, IA, 50306, mortgage, 4824 Stevens, Dr. 34234	\$58112 (50%)
Capital Bank, PO Box 25678, Tampa, FL 33622, auto loan	\$16,000
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR	
	\$330,056
Λ//Η	
CE EOPIN 6. Effective Jacuary 1 2018 (Continued on reverse side)	PAGE 1

copy of your 2017 federal incon	ne tax return, including all W2	s, schedules, ar	during the year, including secondary id attachments. Please redact any s	sources of inc ocial security o	ome. Or attach a complete 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 2017 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]										
PRIMARY SOURCES OF INCOME (See instructions on page 5):										
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	1E	AMOUNT					
SECONDARY SOURCES OF I	NCOME [Major customers, cli	ents, etc., of but	sinesses owned by reporting person	see instructio	uns on page 5]:					
NAME OF BUSINESS ENTITY	NAME OF MAJOF OF BUSINESS		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE					
K/A										
, F	PART E INTERESTS I	N SPECIFIEI	BUSINESSES [Instructions o	n page 6]	201					
NAME OF	BUSINESS ENTITY	#1	BUSINESS ENTITY # 2	BUSI	NESS ENTITY # 3					
BUSINESS ENTITY ADDRESS OF	N/A									
BUSINESS ENTITY PRINCIPAL BUSINESS	1									
ACTIVITY POSITION HELD	·									
WITH ENTITY										
INTEREST IN THE BUSINESS	: 			SNO.	~ ~ ~					
OWNERSHIP INTEREST				လ	0					
		PART F - T								
			cs training pursuant to sectio							
					5.					
<b>O</b> A	ATH	COUNT	Y OF Manetle							
I, the person whose name app		Sworn t	o (or affirmed) and subscribed befor	re me this(	18th_ day of					
beginning of this form, do dep and say that the information d		Ph	7/, 20 / by	Ibseph_	L Stokes					
and any attachments hereto is	s true, accurate,	(Signatu	In the August of Florida		MICHELLE GUADARRAMA					
and complete.	~	M	unet andarda		Notary Public, State of Florida					
Omet al	6 hrs	<b>x</b>	ype, or Stamp Commissioned Nam		Dic Commission# GG 1073 My comm. expires July 2, 2020					
X.A.	AMUL			duced Identifi						
SIGNATURE OF REPORTING			Identification Produced <u>TCM</u>							
If a certified public accountant she must complete the follow	-	73, or attorney	in good standing with the Florida	Bar prepared	this form for you, he or					
l,		, prepared t	he CE Form 6 in accordance with	Art. II, Sec. 8	3, Florida Constitution,					
and correct.	atutes, and the instructions	o me tonn. Up	on my reasonable knowledge and	Dener, the di	Sciusure herein is true					
Signatu	re			Date						
		loes not relie	ve the filer of the responsibil	ty to sign t	he form under oath.					

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

Assets continued:

RECEIVED

Athene Fixed Annuity: \$62,280 and \$22,137

2018 JUN 19 PM 12 21

Sun Coast Bank-Cash \$1661

TER COLLETY TOTANS

Real Estate Asset Values-\$1,022,500 Liabilities - \$314,000 351 Hernando Avenue, 34243, Value \$350,000 Mortgage, Cenlar, \$285,000

4824 Stevens Dr. Sarasota, FL, 34234, Value \$240,000, Mortgage Wells Fargo \$58,000, AJL Stokes LLC/ (Linda and Joe Stokes 50 percent partner with Andrew Stokes)

508 Overlook Drive, Maggie Valley, NC, 28751, Value \$310,000, no mortgage

Lot 1 Sleep Hollow Drive, Lake Junaluska, NC, 28751, Value \$50,000, no mortgage

704 W. Beechwood, Muncie, IN, 47303, Value \$80,000, no mortgage, L J STOKES ENTERPRISE LLC (Linda and Joe Stokes)

1505 Woodridge Drive, Muncie, IN, 47304, Value \$80,000, no mortgage, L J STOKES ENTERPRISE LLC (Linda and Joe Stokes)

4008 Rosewood Ave., Muncie, IN, 47304, Value \$65,000, no mortgage, (50 percent partner with Andrew Stokes)

\*On April 2, 2018, we sold a property at 2308 Pennsylvania, Bradenton, FL, 34207 for \$80,000 and the proceeds paid off a Wells Fargo mortgage at 508 Overlook Dr., Maggie Valley, NC

Infe d. Alle

PECEIVED

 DRUMM AND COMPANY2018
 JUN 19
 PF 12 21

 312 W. MAIN STREET
 MUNCIE, INDIANA 47305
 TEST CONSTY

 765-281-1160
 TEST CONST

MARCH 24, 2018

JOSEPH L. & LINDA K. STOKES 351 HERNANDO AVE. SARASOTA, FL 34243

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2017 INDIVIDUAL INCOME TAX RETURNS, INCLUDING:

FORM 1040, U.S. INDIVIDUAL INCOME TAX RETURN SCHEDULE A, ITEMIZED DEDUCTIONS SCHEDULE C, PROFIT OR LOSS FROM BUSINESS SCHEDULE E, SUPPLEMENTAL INCOME AND LOSS PAGE 1 SCHEDULE SE, SELF-EMPLOYMENT TAX (SHORT) FORM 1040-ES, ESTIMATED TAX FOR INDIVIDUALS FORM 2210, UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS FORM 8582, PASSIVE ACTIVITY LOSS LIMITATIONS FORM 8582, PASSIVE ACTIVITY LOSS LIMITATIONS (AMT) IN IT-40PNR, PART YEAR/NONRESIDENT INCOME TAX RETURN IN IT-40PNR SCH A, INCOME PRORATION & ADJUSTMENTS IN IT-40PNR SCH B, ADD-BACKS IN IT-40PNR SCH D AND E, EXEMPTIONS/OTHER TAXES IN IT-40PNR SCH H, RESIDENCY/ADDITIONAL REQUIRED INFO

TAX PREPARATION FEE

\$ 450.00

<b>1040</b>	U	.S. Individual Incom	ne Tax	Retur	<sup>(99)</sup> 201	7	18 No. 1545-007	74	RS Use Only - Do no	t write o	r staple	in this space.	
For the year Jan. 1-Dec.	. 31, 2	017, or other tax year beginning	····				λ, ending V F		.20			separate instru	uctions.
Your first name and	initia	1	Last nar	ne		(\.						cial security nur	
JOSEPH L.			STOK	ES	2110	-MUN-	1 <u>9 p</u> r	11	2 21				
If a joint return, spou	use's	first name and initial	Last nar		- (1)員	<u>, 190</u>	10	- 1	<u>t (</u>	1	Spouse	's social securit	y number
LINDA K.			STOK	ES			265_0A-		~		20	-in a la	
Home address (num	ber a	nd street). If you have a P.O.	box, see i	instructio	ns.			<del>ini l</del> con	TIONS Apt. n	0.	. Ma	ke sure the SSN	(s) above
351 HERNA	ND	O AVE.			· · · ·				1015			d on line 6c are c	
		, and ZIP code. If you have a forei	gn address,	also comp	lete spaces below.				•			ential Election Ca here if you, or yo	
SARASOTA,	F	L 34243								i	if filing	jointly, want \$3 i id. Checking a b	to go to
Foreign country nam	ne			Foreign	province/state/cou	nty			Foreign postal of		will not	change your tax	or refund.
										[		You 🗌 :	Spouse
Filing Status	1	Single					4 🗌 Hea	d of I	household (with q	ualifyin	g per:	son). If the qu	alifying
Filling Status	2	X Married filing jointly (e	ven if only	y one had	l income)		pers	son is	s a child but not ye	our dep	ender	nt, enter this c	hild's
Check only	3	Married filing separate	ly. Enter s	pouse's	SSN above		пал	ne hei	re. 🕨				
one box.		and full name here. 🕨	•				5 🗌 Qua	lifyin	g widow(er) (see	instruct	tions)		
Exemptions		Yourself. If someone	can claim	you as a	dependent, do not	check bo	ox 6a					Boxes checked on 6a and 6b	_2
Exemptions	Þ.	X Spouse	<u></u>									No. of children on 6c who:	
	C	Dependents:			(2) Dependent's				endent's hip to	(4)√ if chi under age		<ul> <li>lived with you</li> </ul>	
. •		(1) First name	Last na	me	security num				ou	under age valifying fo tax credi		did not live will you due to divord	th ce
			· ·									or separation see instructions)	
If more than four											—	Dependents on 6	ic.
dependents, see instructions and	_ ·					· · · · ·						not entered abov	
check here 🕨 📘	」.											Add numbers	
	d									<del></del>	1	above	
Income	7	Wages, salaries, tips, etc. /								7	ļ	71.	106.
	8a	Taxable interest. Attach So			d					8a		7810	
Attach Form(s)	b	Tax-exempt interest. Do n					<u>8b</u>						
W-2 here. Also	9a	Ordinary dividends. Attach						•••••		9a			
attach Forms W-2G and	b	Qualified dividends					96		- Mar	-			
1099-R if tax	10	Taxable refunds, credits, o								10			
was withheld.	11	Alimony received	Aller 1 0			••••••		•••••		11			CAC
	12	Business income or (loss).	Attach So	chedule C	or C-EZ			•••••		12			646.
lf you did not	13	Capital gain or (loss). Attac								13	-		
get a W-2,	14	Other gains or (losses). At				·····				14			· · ·
see instructions.	15a			15a 16a	070	20			nt nt	15b 16b		<b>Q1</b>	023.
	16a 17	Pensions and annuities Rental real estate, royalties								17		01	025.
	18	Farm income or (loss). Atta								18			
	19	Unemployment compensat								19			
	13 20a			202	348	19.1	h Tayahle a		nt	20b	1-	29	622.
	21	Other income. List type and			010	<u> </u>		moar		21	<u> </u>		0221
	22	Combine the amounts in th			for lines 7 through	21. This	is your total	incor	me ►	22		182	397.
	23	Educates success							250.				
Adjusted	24	Certain business expenses of ro officials. Attach Form 2106 or 2	eservists, pe 106-EZ	erforming a	rtists, and fee-basis go	vernment	24			1			
Gross	25	Health savings account de								1			
Income	26	Moving expenses. Attach F								1			
	27	Deductible part of self-emp							46.	,1			
	28	Self-employed SEP, SIMPI								1			
	29	Self-employed health insur								1			
	30	Penalty on early withdrawa								1			
	31a										1		
	32	IRA deduction											
	33	Student loan interest dedu											
	34	Tuition and fees. Attach Fo											
	35	Domestic production activ											
	36	Add lines 23 through 35								36			<u>296.</u>
710001 02-22-18	37	Subtract line 36 from line								37		182	101.
HA For Disclos	sure	Privacy Act, and Paper	work Reg	duction	Act Notice, see	separa	te instructi	ons.				Form 10	40 (2017)

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Form 1040 (2017)	J	OSEPH L. & LINDA K. STOKES		Page 2
Tax and		Amount from line 37 (adjusted gross income)	38	182101.
Credits		Check <b>X</b> You were born before January 2, 1953, Blind. <b>Total boxes</b>		
Standard	000	if: Spouse was born before January 2, 1953, Blind. checked > 39a 2		
Deduction for -	۲.	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b>		
<ul> <li>People who check any box</li> </ul>			40	32029.
on line 39a or 39b 01 who can	40		41	150072.
be claimed as a dependent, see	41	Subtract line 40 from line 38		8100.
instructions.	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on liner6d. Otherwise, see inst.	42	141972.
	43	Taxable income. Subtract line 42 from line 41. If line 42115 more than line 41, enter -0-	43	
	44	Tax. Check if any from:       a       Form(s) 8814 b       Form 4972 c       b         Alternative minimum tax. Attach Form 6251       Form 6251       Form 6251	44	26971.
	45	Alternative minimum tax. Attach Form 6251	45	
<ul> <li>All others:</li> <li>Single or</li> </ul>	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Married filing	47	Add lines 44, 45, and 46	47	26971.
separately, \$6,350	48	Foreign tax credit. Attach Form 1116 if required		
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49		
jointly or Qualifying	50	Education credits from Form 8863, line 19 50		
widow(er), \$12,700	51	Retirement savings contributions credit. Attach Form 8880 51		
Head of	52	Child tax credit. Attach Schedule 8812, if required 52		
household, \$9,350	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	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	26971.
	57	Self-employment tax. Attach Schedule SE	57	91.
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Tures			60a	
		Household employment taxes from Schedule H First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
			61	
		Health care: Individual responsibility (see instructions) Full-year coverage 🔽 Taxes from: a Form 8959 b Form 8960 c Inst.; enter code(s)	62	
	62		63	27062.
		Add lines 56 through 62. This is your total tax Federal income tax withheld from Forms W-2 and 1099 64 13515.	03	STATEMENT 4
	64	Federal income tax withheld from Forms W-2 and 1099 64 13515.		STATEMENT 4
Payments				
	65	2017 estimated tax payments and amount applied from 2016 return 65 14361.		STATEMENT 5
If you have a qualifying	65 66 a	Earned income credit (EIC)		
If you have a qualifying child, attach	65 66 a	Earned income credit (EIC)     66a       Nontaxable combat pay election     66b		
If you have a qualifying	65 66 a	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67		
If you have a qualifying child, attach	65 <u>6</u> 6 a	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68		
If you have a qualifying child, attach	65 <u>6</u> 6 a t 67	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67		
If you have a qualifying child, attach	65 66 a 67 68	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68		
If you have a qualifying child, attach	65 66 a t 67 68 69	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69		
If you have a qualifying child, attach	65 66 a 67 68 69 70	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Armount paid with request for extension to file       70	-	
If you have a qualifying child, attach	65 66 a 67 68 69 70 71	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71	-	STATEMENT 5
If you have a qualifying child, attach	65 66 67 68 69 70 71 72	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72	. 74	
If you have a qualifying child, attach	65 66 67 68 69 70 71 72 73	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a 2439 b       Reservedc       8885 d       73	74	STATEMENT 5
If you have a qualifying child, attach Schedule EIC,	65 66 a 67 68 69 70 71 72 73 74 75	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a 2439 b Reserved 8885 d 73       73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       ▶         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       Amount of line 75 you want refunded to you. If Form 8888 is attached, check here		STATEMENT 5 27876.
If you have a qualifying child, attach Schedule EIC,	65 66 a 67 68 69 70 71 72 73 74 75 76 a	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a 2439 b       Reservedc       8885 d       73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       ▶         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       ▶	75	STATEMENT 5 27876.
If you have a qualifying child, attach Schedule EIC.	65 66 a 67 68 69 70 71 72 73 74 75 76 a	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       Reservedc       8885 d       73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Account	75	STATEMENT 5 27876.
If you have a qualifying child, attach Schedule EIC.	65 66 a 67 68 69 70 71 72 73 74 75 76 a	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       Reservetc       8885 d       73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       ▶       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Account         Amount of line 75 you want applied to your 2018 estimated tax       77       802.	75	STATEMENT 5 27876.
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See instructions.	65 66 a 67 68 69 70 71 72 73 74 75 76 2 76 2 76 2 77	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       Reservedc       8885 d       73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       ▶       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Creating       Account         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Checking       Account	75 76a	STATEMENT 5 27876.
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See instructions. Amount	65 663 67 68 69 70 71 72 73 74 75 762 762 77 78 79	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       Reservetc       8885 d       73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       ▶       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       ▶         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       ▶       Recount         Amount of line 75 you want applied to your 2018 estimated tax       ▶       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       ▶       79       12.         Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions       ▶       12.	75 76a 78	STATEMENT 5 27876.
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See instructions. Amount You Owe	65 663 67 68 69 70 71 72 73 74 75 763 ► L 77 78 79 <sup>1</sup> <sup>1</sup> <sup>2</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>8</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup>	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a 2439 b Reservedc       8885 d 73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Pouling         Number       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       79       12.         Do you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete below phone	75 76a 78 0w.	STATEMENT 5
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See instructions. Amount You Owe Third Par Designee	65 663 67 68 69 70 71 72 73 74 75 763 ► L 77 78 79 <sup>1</sup> <sup>1</sup> <sup>2</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>8</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup>	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       Reserved         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       1         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       1         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       1         Rowing       ▶ c Type:       Checking       Savings ▶ d number         Amount of line 75 you want applied to your 2018 estimated tax       ▶ 77       802.         Amount of line 75 you want applied to your 2018 estimated tax       ▶ 79       12.         Or you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete bell         Phone       No.       No.	75 76a 78 0W. Person numbe	STATEMENT 5
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See instructions. Amount You Owe Third Par	65 663 67 68 69 70 71 72 73 74 75 763 ► L 77 78 79 <sup>1</sup> <sup>1</sup> <sup>2</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>8</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup>	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a 2439 b Reservedc       8885 d 73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Pouling         Number       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       79       12.         Do you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete below phone	75 76a 78 0W. Person numbe , correct, as any kn	STATEMENT 5
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return?	65 663 67 68 69 70 71 72 73 74 75 763 ► L 77 78 79 <sup>1</sup> <sup>1</sup> <sup>2</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>8</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup>	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a 2439 b       Reserved 8885 d         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid         If line 75 you want refunded to you. If Form 8888 is attached, check here       Routing         Routing       Immet       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       79       12.         Ou you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete below         neme       No       Phone >       12.         Under peralities of perjury. I dectare that have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true accurad	75 76a 78 0W. Person numbe , correct, as any kn	STATEMENT 5
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return? See instructions. Keep a copy	65 663 67 68 69 70 71 72 73 74 75 763 ► L 77 78 79 <sup>1</sup> <sup>1</sup> <sup>2</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>8</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup>	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       Reserved © 8885 d       73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Account         Amount of line 75 you want applied to your 2018 estimated tax       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       79       12.         Oy you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete belage and belage.         Or you want to allow another person to discuss this return and accompanying schedules and slatements, and to the best of my knowledge and belage. they are true accurately list all amounts and sources of income licewide during the save and clearling of prepare (other than taxpayer) is based on all inormation of which prepare the non-accurate	75 76a 78 0W. Person numbe , correct. as any km Day	STATEMENT 5
If you have a qualifying child, attach Schedule EIC.	65 663 67 68 69 70 71 72 73 74 75 763 ► L 77 78 79 <sup>1</sup> <sup>1</sup> <sup>2</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>8</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup>	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       neservedc       8885 d       73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       Manual trefunded to you. If Form 8888 is attached, check here       Routing         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       Account       Account         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Account       Routing         Namount of line 75 you want applied to your 2018 estimated tax       77       802.         Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions       12.         Ob you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete belagender         Inde       marc       Your occupation         Your occupation       <	75 76a 78 OW. Person numbe , correct, as any kn Day Day	STATEMENT 5
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return? See instructions. Keep a copy for your	65 66a 67 68 69 70 71 72 73 74 75 76a 77 78 79 19 10 10 10 10 10 10 10 10 10 10	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a 2439 b       neservedc         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       N         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       Account         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Routing         Nomumbe       Creye:       Checking       Savings d anumber         Amount of line 75 you want applied to your 2018 estimated tax       77       8 02 .         Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions       12 .         Or you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete belle fibre and submet of prepare (bet that laxpere) fobre that laxpere bell information of which prepare the Your signature         Under penalities of prejury. I declare that lave examined this r	75 76a 78 OW. Person numbe , correct, as any kn Day Day	STATEMENT 5
If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See instructions. Amount You Owe Third Par Designee Sign Here Joint return? See instructions. Keep a copy for your	65 66a 67 68 69 70 71 72 73 74 75 76a 77 78 79 19 10 10 10 10 10 10 10 10 10 10	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       neservedc         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       Mile 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Immet         Amount of line 75 you want applied to your 2018 estimated tax       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       79       12.         Ox you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete belief. they are trace accurately its all amounts of print, 1 decare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief. they are trace accurately its all amounts and to which prepare the Your signature         Under penalties of printy. I decare that I have examined this return and accompanying schedules and st	75 76a 78 OW. Person numbe , correct, as any kn Day Day	STATEMENT 5
If you have a qualifying child, attach Schedule EIC.	65 66a 67 68 69 70 71 72 73 74 75 76a 77 78 79 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       Reserved         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       Add lines 64, 65, 66a, and 67 through 73. These are your total payments         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       73         Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       77         Rouging       Nonter Checking       Savings > d number         Amount of line 75 you want applied to your 2018 estimated tax       > 77       802.         Amount of line 75 you want applied to your 2018 estimated tax       > 79       12.         Ob you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete below         Prome       Noter standing the sayse. Deckardion of prepare (bine rhan taxyer) is based on all information of which prepare t	75 76a 78 OW. Person numbe , correct, as any kn Day Day	STATEMENT 5
If you have a qualifying child, attach Schedule EIC.	65 662 67 68 69 70 71 72 73 74 75 762 77 78 79 ℃ 1 0 0 0 0 0 0 0 0 0 0 0 0 0	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credit for federal tax on fuels. Attach Form 4136       72         Credits from Form: a       2439 b       Reservetc       8885 d       73         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       M       M         If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid       Amount of line 75 you want refunded to you. If Form 8888 is attached, check here       Accounti         mumber       Account of line 75 you want applied to your 2018 estimated tax       77       802.         Amount of line 75 you want applied to your 2018 estimated tax       79       12.         Ob you want to allow another person to discuss this return with the IRS (see instructions)?       Yes. Complete belegenetics of pripty. I dectare that have examined this return and accompanying schedules and staments, and to the best of my knowledge and beief. they are the accurately list at amounts on ownice preserve signature       BDUCA TOR         Spouse's signature. If a jo	75 76a 78 OW. Person numbe , correct, as any kn Day Day	STATEMENT 5
If you have a qualifying child, attach Schedule EIC.	65 662 67 68 69 70 71 72 73 74 75 762 77 78 79 ℃ 1 0 0 0 0 0 0 0 0 0 0 0 0 0	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credits from Form: a       2439 b       Reserved         Rations form Form: a       2439 b       Reserved         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.         Amount of line 75 you want refunded to you. If form 8888 is attached, check here       Account         Routing       > credits on how to pay, see instructions       >         Amount of line 75 you want applied to your 2018 estimated tax       77       8022.         Amount you owe. Subtract line 63. For details on how to pay, see instructions?       Yes. Complete below         Piner       Piner       Piner         Durit amounts and sources of linceme received during the axyear. Declaration of preparer (other than hazpeyre) is based on all information of which preparer have the examined this return and accompanying schedules and stathmeet, and to the best of my knowledge and belief. They are the examined his return and	75 76a 78 0W. Person numbe correct. correct. correct. as any kn Day fif th Pro- ent if f	STATEMENT 5
If you have a qualifying child, attach Schedule EIC.	65 662 67 68 69 70 71 72 73 74 75 762 77 78 79 10 Print Firr	Earned income credit (EIC)       66a         Nontaxable combat pay election       66b         Additional child tax credit. Attach Schedule 8812       67         American opportunity credit from Form 8863, line 8       68         Net premium tax credit. Attach Form 8962       69         Amount paid with request for extension to file       70         Excess social security and tier 1 RRTA tax withheld       71         Credits from Form: a       2439 b       Reserved         Rations form Form: a       2439 b       Reserved         Add lines 64, 65, 66a, and 67 through 73. These are your total payments       If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.         Amount of line 75 you want refunded to you. If form 8888 is attached, check here       Account         Routing       > credits on how to pay, see instructions       >         Amount of line 75 you want applied to your 2018 estimated tax       77       8022.         Amount you owe. Subtract line 63. For details on how to pay, see instructions?       Yes. Complete below         Piner       Piner       Piner         Durit amounts and sources of linceme received during the axyear. Declaration of preparer (other than hazpeyre) is based on all information of which preparer have the examined this return and accompanying schedules and stathmeet, and to the best of my knowledge and belief. They are the examined his return and	75 76a 78 0W. Person numbe correct. correct. correct. as any kn Day fif th Pro- ent if f	STATEMENT 5

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SCHEDULE	Α		Itemized Deductions				OMB No. 1545-0074
(Form 1040)			Go to www.irs.gov/ScheduleA for instructions and the latest info Attach to Form 1040.	orma	tion.		2017
Department of the Tre Internal Revenue Serv	ice ´	(99)		ctions	for line 28		Attachment Sequence No. 07
Name(s) shown on For	m 104	0	REDE <b>IVED</b>			Your soci	al security number
JOSEPH L		. Т.	INDA K. STOKES				
Medical			ition: Do not include expenses reimbursed or paid by others. 9 12 2.	1			
and	1		dical and dental expenses (see instructions) SEE STATEMENT 10	1		5842.	
Dental	2		er amount from Form 1040, line 38 2101.				
Expenses			-0710)	S			
	3	Mul	tiply line 2 by 7.5% (0.075)	3	1	3658.	
	4	Sub	tract line 3 from line 1. If line 3 is more than line 1, enter -0			4	0.
Taxes You	5	_	te and local (check only one box):				
Paid		aL	X Income taxes, or SEE STATEMENT 6	5		234.	
		bĹ	General sales taxes			2544	
	6		I estate taxes (see instructions) SEE STATEMENT 11	6		3544.	
	7		sonal property taxes	7			
	8	Oth	er taxes. List type and amount 🕨	8			
	9		lines 5 through 9			9	3778.
Interest	<u>9</u> 10		I lines 5 through 8 ne mortgage interest and points reported to you on Form 1098	10	1	7684.	5770.
You Paid	.11	Hon from	ne mortgage interest and points reported to you on Form 1098. If paid to the person in whom you bought the home, see instructions and show that person's name, ntifying no., and address		4	/001.	· ·
Nata							
Note: Your mortgage	10	Doir	nts not reported to you on Form 1098. See instructions for special rules	11 12		17.	STMT 7
interest deduction may	12 13		tgage insurance premiums (see instructions)	13		<u> </u>	DIMI /
be limited (see	14		estment interest. Attach Form 4952 if required. See instructions	14			
instructions).	15		I lines 10 through 14			15	17701.
Gifts to	16		s by cash or check. If you made any gift of \$250 or more, see instructions	16		0150.	
Charity	17		er than by cash or check. If any gift of \$250 or more, see instructions.				STMT 8
If you made a		You	must attach Form 8283 if over \$500 SEE STATEMENT 9	17		400.	
gift and got a benefit for it,	18	Car	ryover from prior year	18			
see instructions.	19	Add	I lines 16 through 18			19	10550.
Casualty and	20	Cas	sualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684	and			
Theft Losses			er the amount from line 18 of that form. See instructions			20	
Job Expenses	21		eimbursed employee expenses - job travel, union dues, job education, etc.		1		
and Certain Miscellaneous Deductions			ach Form 2106 or 2106 EZ if required. See instructions.				
Deductions		ĒX	CESS EDUCATOR EXPENSE 735.	21		1410.	
	22		preparation fees	22		50.	
	23		er expenses - investment, safe deposit box, etc. List type and amount 🕨				
		SA	FE DEPOSIT BOX192.				
						100	
				23		192.	
	24	Ado	d lines 21 through 23	24		1652.	
	25 26		er amount from Form 1040, line 38			3642.	
	26 07		Itiply line 25 by 2% (0.02) Diract line 26 from line 24. If line 26 is more than line 24, enter -0-				0.
Other	27		her - from list in instructions. List type and amount				
Other Miscellaneous	28	Oth					
Deductions						28	
	29	is F	orm 1040, line 38, over \$156,900?				
	_0	_	No. Your deduction is not limited. Add the amounts in the far right column	)			
Total			for lines 4 through 28. Also, enter this amount on Form 1040, line 40.				32029.
Itemized			Yes. Your deduction may be limited. See the Itemized Deductions				
Deductions			Worksheet in the instructions to figure the amount to enter.	J			[
	30		ou elect to itemize deductions even though they are less than your standard ded				
			eck here				1
LHA 719501 02-2	2-18	For	Paperwork Reduction Act Notice, see the Instructions for Form 1040.		:	Schedule /	A (Form 1040) 2017

#### 2017 DEPRECIATION AND AMORTIZATION REPORT

CHEDU	LE A DEPRECIATION							SCHED	JLE A						
Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER	06/30/14	200DB	5.00	ну	17	1598.		1598.		0 <b>.</b>			0.	٥.
	TOTAL SCH A DEPRECIATION			-			1598.		1598.		0.			0.	0.
				-											
														2018 JUN 19	10
				- -							, ,				AFCEIVED
				-											

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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### 1 SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

P	'n	ofit	or	Loss	From	<b>Business</b>

(Sole Proprietorship) ► Go to www.irs.gov/ScheduleC for instructions and the latest information. ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. 09

Name	of proprietor				s	ocial securit	ty number (SSN)
JOS	SEPH L. STOKES		Î	REAEIVED			
A	Principal business or profession, includir	ng produc	ct or service (see instructions)		В	Enter code	from instructions
CON	NSULTING		2018 JUN	19 PM 12 21			▶ 611000
C	Business name. If no separate business	name, lea			D	Employer I	D number (EIN) (see instr.
		-		TER CONTY			
E	Business address (including suite or roo	m no.) 🕨	•	LATIONS			
	City, town or post office, state, and ZIP c						
F	Accounting method: (1) 🔀 Casl	h (2)	Accrual (3) Othe	r (specify) 🕨			
G	Did you "materially participate" in the ope	ration of t	this business during 2017? If "No	o," see instructions for limit on losses			X Yes No
H	If you started or acquired this business d	luring 201	17, check here			►	
1	Did you make any payments in 2017 that	t would re	equire you to file Form(s) 1099?	(see instructions)			Yes X No
J	If "Yes," did you or will you file required F	orms 109	99?	. <u></u>			Yes No
Par	rt I Income						
1	Gross receipts or sales. See instructions						<b>5</b> 4 5
	and the "Statutory employee" box on that			••••••••••••••••••••••••		1	646.
2	Returns and allowances					2	
3	Subtract line 2 from line 1					3	646.
4	Cost of goods sold (from line 42)					4	
5	Gross profit. Subtract line 4 from line 3					5	646.
6	Other income, including federal and state	e gasoline	or fuel tax credit or refund (see	instructions)		6	No.
7	Gross income. Add lines 5 and 6	<u></u>			🕨	7	646.
Par	rt II Expenses. Enter expen	ses for	r business use of your l	home <b>only</b> on line 30.			
8	Advertising	8	18	Office expense		18	
9	Car and truck expenses		19	Pension and profit-sharing plans		19	
	(see instructions)	9	20	Rent or lease (see instructions):			
10	Commissions and fees	10	a	Vehicles, machinery, and equipment		20a	
11	Contract labor (see instructions)	11	b	Other business property		20b	
12	Depletion	12	21	Repairs and maintenance		21	
13	Depreciation and section 179		22	Supplies (not included in Part III)		22	
	expense deduction (not included in		23	Taxes and licenses		23	
	Part III) (see instructions)	13	24	Travel, meals, and entertainment:			
14	Employee benefit programs (other		a	Travel		24a	
	than on line 19)	14	b	Deductible meals and			
15	Insurance (other than health)	15		entertainment (see instructions)		24b	
16	Interest:		25	Utilities		25	,
. U A	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)		26	
b	Other	16b		Other expenses (from line 48)		27a	
17	Legal and professional services	17		Reserved for future use		27b	· · · · · · · · · · · · · · · · · · ·
28	Total expenses before expenses for bus					28	0.
29	Tentative profit or (loss). Subtract line 28					29	646.
30	Expenses for business use of your home						
00	unless using the simplified method (see						
	Simplified method filers only: enter the						
	and (b) the part of your home used for b						
	Use the Simplified Method Worksheet in			nter on line 30	·	30	
31	Net profit or (loss). Subtract line 30 from				•••••		
01	• If a profit, enter on both Form 1040, li			Schedule SF line 2	٦		
	(If you checked the box on line 1, see ins					31	646
		SUDCIONS	סו. בסומוכס מווט וו ששוש, כווופו טוו דנ	ли то <del>ч</del> т, ше о.			010
20	<ul> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that de</li> </ul>	eoriboe w	our investment in this activity (as	e instructions)	2		
32				IR, line 13) and on Schedule SE, line 2.		32a	All investment
	-					32b	is at risk. Some investment is not at risk.
	(If you checked the box on line 1, see th			Chief On FUTHE 1041, Hild 3.		020 L	IS NOT AT RISK.
	If you checked 32b, you must attach I					Sabadul	o C (Earm 1040) 001
LHA	For Paperwork Reduction Act Notice, s	ee the se	parate instructions.			scheddi	e C (Form 1040) 201

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E	Supplemental	Incon	ne and Loss		OMB No. 1545-0074						
(Form 1040)	(From rental real estate, royalties, partnershi	ps <b>, S c</b> or	porations, estates, tr		2017						
Department of the Treasury Internal Revenue Service (99)	<ul> <li>Attach to Form 10</li> <li>Go to www.irs.gov/ScheduleE for</li> </ul>			formation.	Attachment Sequence No. 13						
Name(s) shown on return				Your so	cial security number						
· · · · · ·	?	118 .UN	19 PM 12 2	25							
	INDA K. STOKES										
	Loss From Rental Real Estate and Re			_							
	or C-EZ (see instructions). If you are an individual,		· · · · · · · · · · · · · · · · · · ·								
	yments in 2017 that would require you to file Form										
	Il you file required Forms 1099? each property (street, city, state, ZIP code)			<u></u>	Yes No						
	DBRIDGE, MUNCIE, IN		· · · · · · · · · · · · · · · · · · ·								
	DOD, MUNCIE, IN										
c 4824 STEVEN											
1b Type of Property		d	· · · · · · · · · · · · · · · · · · ·	Fair Re	ntal Personal QJV						
(from list below)	above, report the number of fair rental a			Days							
A 1	<ul> <li>personal use days. Check the QJV box only if you meet the requirements to file</li> </ul>	as		A 36	5						
в 1	a qualified joint venture. See instructions	S.		в 36	5						
c 1				c 36	5						
Type of Property:	· · · · · · · · · · · · · · · · · · ·				•						
1 Single Family Residen	ce 3 Vacation/Short-Term Rental 5 Land	· ۱	7 Self-Rental								
2 Multi-Family Residence	e 4 Commercial 6 Roya	lties	8 Other (describe)								
Income:	Propertie	s:	A	B	С						
3 Rents received		3	9500.	6375.	8400.						
		4									
Expenses:											
	e instructions)										
	enance		600.	323.							
			1262	022	015						
			<u>1363.</u> 80.	<u>933.</u> 80.	815.						
	fessional fees		00.		00.						
	aid to banks, etc. (see instructions)				1615.						
					1015.						
14 Benairs		14	2732.	778.	961.						
				4.	450.						
_			1550.	1172.	1402.						
			313.	535.							
	se or depletion		1688.	1281.	1809.						
19 Other (list) ► STN		19	1077.	225.							
20 Total expenses. Ad	d lines 5 through 19	20	9403.	5331.	7132.						
21 Subtract line 20 fro	m line 3 (rents) and/or 4 (royalties). If result is a										
(loss), see instruction	ons to find out if you must file Form 6198	21	97.	1044.	1268.						
	eal estate loss after limitation, if any, on										
	structions)	22	()	()	(32.)						
			<u>23</u> a								
			23b								
			23c								
				· · · · · · · · · · · · · · · · · · ·							
	e Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24										
•	state and royalty income or (loss). Combine lines										
	age 2 do not apply to you, also enter this amount										
	ula this amount is the total on line 41 on more O										

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SCF	IEDULE E	Supplem	ental In	con	ne and Lo	oss			DMB No. 1545	6-0074
(For	m 1040)	(From rental real estate, royalties, p	partnerships,	S cor	porations, estat	es, tru	sts, REMIC	s, etc.)	2017	7
	ment of the Treasury I Revenue Service (99)	Go to www.irs.gov/Sch			IR, or Form 104 ions and the lat		ormation.		Attachment Sequence No.	13
Name	e(s) shown on return							Your soc	ial security n	umber
				R C (	DELAED			2		
	SEPH L. & L	INDA K. STOKES	and Dave	ltico	Notes If you or	o io tho	husiness of		reenal proper	
Par		Loss From Rental Real Estate r C-EZ (see instructions). If you are an	individual rop		UNOR H YOUN		from Form	4925 on n		ty, use
				_						No
	i you make any pay	ments in 2017 that would require you to	o the Form(s)	10997	tsee instructions	5)	••••••••••••••	LL	Yes	
10	Physical address of a	ach property (street, city, state, ZIP co	de)			ONS		L		
		LVANIA, BRADENTON,		-			. <u></u>			
		OD, MUNCIE, IN								
c			5							
1b	Type of Property	2 For each rental real estate pro	perty listed					Fair Rent	al Personal	QJV
	(from list below)	above, report the number of fa	air rental and					Days	Use Days	
A	1	personal use days. Check the only if you meet the requirement	ents to file as				A	365		
В	1	a qualified joint venture. See in	nstructions.				В	365		
c							С			
	e of Property:							•		
1 Si	ngle Family Residenc	e 3 Vacation/Short-Term Rental	5 Land		7 Self-Rental			· .		
	ulti-Family Residence		6 Royaltie	s	8 Other (desc	ribe)				
Inco	ome:		Properties:		А		В		С	
3	Rents received			3	22	00.	3	900.		
4	Royalties received			4						
Exp	enses:									
5	Advertising			5				4.		
6		instructions)		6						
7	Cleaning and mainte	enance		7						
8	Commissions			8						
9	Insurance			9		30.		309.		
10	Legal and other prot	fessional fees		10		80.		80.		
11	Management fees			11						
12	Mortgage interest pa	aid to banks, etc. (see instructions)		12						
13				13				0.40		
14	Repairs			14				943.		
15	Supplies			15		03.		156.		
16				16		10.		530.		
17				17		27.		- 00		
18		se or depletion		18	33	57.		582.	-it	
19	Other (list)			19	63	07.		2604.		
20		d lines 5 through 19		20	03	07.	2	4004.		
21		m line 3 (rents) and/or 4 (royalties). If res			-41	07	1	296.		
~~	· /·	ons to find out if you must file Form 619		21	-41	<u>.</u>		290.		
22		al estate loss after limitation, if any, on		22	36	73.)		, v		١
00-	Form 8582 (see inst					23a	30	)375.		
23a		reported on line 3 for all rental properti				23b		,3731		
b		reported on line 4 for all royalty proper reported on line 12 for all properties				23D 23C	1	615.		
c L						23d		3717.		
d		· · · · · · · ·				23e		)777.		
е 24		ve amounts shown on line 21. Do not ir			······ I				37	705.
24 25		y losses from line 21 and rental real esta								705.)
25 26		state and royalty income or (loss). Cor								
20		age 2 do not apply to you, also enter th								
		ide this amount in the total on line 41 or						. 26		0.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

## Statement of Rental and Royalty Income

Name(s) as shown on return		F	RECEIVED	Y	our social security number
JOSEPH L. & LINDA K. STOKES					
		2018 JUN	19 PM 12	25	
Kind RESIDENTIAL RENTAL					
			MER COUNTY		
Location 4824 STEVENS, SARASOTA,	FL	5U	193	IONS	
			PERSONAL/DUAL	VACATION UOME	
Pentel and Pauelty Income		GROSS	PERSONAL/DUAL Ownership Exclusion	VACATION HOME LOSS LIMITATION	
Rental and Royalty Income	3	16800.	8400.		8400.
Rents received     A. Royalties received	·	10000.	0400.		0400.
Rental and Royalty Expenses	·				
	5				
5. Advertising	·				
6. Auto and travel	·				
7. Cleaning and maintenance	·				
8. Commissions	·	1631.	816.		815.
9. Insurance	·	80.	010.		80.
10. Legal and other professional fees		00.			
11. Management fees		2020	1 ( 1 )		1615.
12. Mortgage interest paid to banks, etc.		3230.	1615.		
13. Other interest		1000	0.01		0.01
14. Repairs		1922.	961.		961.
15. Supplies		900.	450.		450.
16. Taxes		2804.	1402.		1402.
17. Utilities	. 17				
18. Other (list)					
19. Add lines 5 through 18		10567.	5244.		5323.
20. Depreciation expense or depletion		3618.	1809.		1809.
21. Total expenses. Add lines 19 and 20		14185.	7053.		7132.
22. Income or (loss) from rental or royalty properties.				•	
Subtract line 21 from line 3 (rents) or line 4 (royalties)	22	2615.			1268.

# Statement of Rental and Royalty Income

Name	(s) as shown on return			<u></u>	Y	Your social security number
JOSE	PH L. & LINDA K. STOKES		RECEIV	ED		Reason
Kind	RESIDENTIAL RENTAL	2	918 JUN 19 P	m 12 21		
Locati	on 2008 ROSEWOOD, MUNCIE, IN	1		UNTY IGTIONS		
Renta	l and Royalty Income		GROSS	PERSONAL/DUAL OWNERSHIP EXCLUSION	VACATION HOME LOSS LIMITATION	NET TO SCH E
3. R	ents received	3	7800.	3900.		3900.
	oyalties received	4				
	l and Royalty Expenses			_		
5. A	dvertising	5	9.	5.		4.
6. A	uto and travel	6				
	leaning and maintenance	7				
	ommissions	8	(10	200		200
	surance	9 10	618.	309.		309.
	egal and other professional fees	10	80.			80.
	anagement fees ortgage interest paid to banks, etc.	12				
	ther interest	12				
	epairs	13	1887.	944.		943.
	upplies	15	312.	156.		156.
	axes	16	1060.	530.		530.
	lilities	17	10001			
		18				
20. D	dd lines 5 through 18 epreciation expense or depletion	19 20	3966. 582.	1944.		2022.
	otal expenses. Add lines 19 and 20 come or (loss) from rental or royalty properties.	21	4548.	1944.		2604.
	ubtract line 21 from line 3 (rents) or line 4 (royalties)	22	3252.			1296.

#### 2017 DEPRECIATION AND AMORTIZATION REPORT

RESIDE	NTIAL RENTAL - 2308 PENNSYLVA	NIA			·			SCHED	ULE E- 5					·	
Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	WASHER	12/31/17		.000	нч	16	473.				473.			٥.	٥.
	TOTAL SCH E DEPRECIATION			•			473.				473.			0.	٥.
	-														
														219 JUL 19	2) 2) 2)
													20 21 22	PM 12	ESEIVED
				•									ι.		

728111 04-01-17

(D) · Asset disposed

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\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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### SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

## **Self-Employment Tax**

► Go to www.irs.gov/ScheduleSE for instructions and the latest information. (99

Attach to Form 1040 or Form 1040NR. IVED

person with self employment

HONS

THITY

income

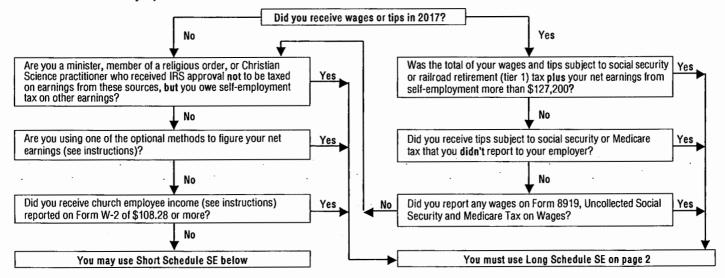
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) Social security number of JU

### JOSEPH L. STOKES

Before you begin: To determine if you must file Schedule SE, see the instructions.

#### May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



#### Section A-Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1		
(Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve		
Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A		
(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orde	rs,	
see instructions for types of income to report on this line. See instructions for other income to report STMT	15 2	646.
3 Combine lines 1a, 1b, and 2	3	646.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this		
schedule unless you have an amount on line 1b	▶ 4	<u>597.</u>
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is:		
<ul> <li>\$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on</li> </ul>		
Form 1040, line 57, or Form 1040NR, line 55		
<ul> <li>More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result.</li> </ul>		
Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	91.
6 Deduction for one-half of self-employment tax.		
Multiply line 5 by 50% (0.50). Enter the result here and on		
Form 1040, line 27, or Form 1040NR, line 27 6 6	6.	
LHA For Paperwork Reduction Act Notice, see your tax return instructions.	Schedu	ule SE (Form 1040) 2017

OMB No. 1545-0074

17

Form <b>8582</b>	Passive Activity Loss ► See separate instruct		OMB No. 1545-1008			
Department of the Treasury Internal Revenue Service (99)	Attach to Form 104D or F				Attachment Sequence No. 88	
Name(s) shown on return	Go to www.iis.govi of hist actions and the fatest morniation.					
JOSEPH L. & L	INDA K. STOKES	~				
	ive Activity Loss Caution: Complete Worksheets 1,	2, and	3 before completing Part I	Щ		
	ities With Active Participation (For the definition of active p	1112		Γ		
Special Allowance for Re	ental Real Estate Activities in the instructions.)					
	come (enter the amount from Worksheet 1,	1a	3705.			
	s (enter the amount from Worksheet 1,	1b	( 4107)			
•	d losses (enter the amount from Worksheet	1c	( 423)			
	o, and 1c			1d	-825.	
	on Deductions From Rental Real Estate Activities					
2a Commercial revitaliza	ation deductions from Worksheet 2, column (a)	2a	( )			
	commercial revitalization deductions from			1		
Worksheet 2, column	n (b)		()			
c_Add lines 2a and 2b				<u>2c</u>	( <u>`)</u>	
All Other Passive Activit	ies					
	come (enter the amount from Worksheet 3,	<u>3</u> a				
	ss (enter the amount from Worksheet 3,	3b	()			
	d losses (enter the amount from Worksheet 3,	3c	()			
	o, and 3c			3d		
	c, and 3d. If this line is zero or more, stop here and include th		•			
	ncluding any prior year unallowed losses entered on line 1c,	2b, or	3c. Report the losses on		0.05	
the forms and sched				4	-825.	
11 mile 4 15 a 1055 and.	<ul> <li>Line 1d is a loss, go to Part II.</li> <li>Line 2c is a loss (and line 1d is zero or more), skip Par</li> </ul>	ll and	t ao to Part III			
	<ul> <li>Line 3d is a loss (and line 1d is zero of mole), skip 7 at</li> <li>Line 3d is a loss (and lines 1d and 2c are zero or more)</li> </ul>		-	ne 15		
Caution: If your filing sta Part II or Part III. Instead	tus is married filing separately and you lived with your spou					
	Iowance for Rental Real Estate Activities With		ive Participation			
	Il numbers in Part II as positive amounts. See instructions fo					
5 Enter the smaller of	the loss on line 1d or the loss on line 4			5	825.	
	arried filing separately, see instructions	6	150000.			
7 Enter modified adjus	ted gross income, but not less than zero (see instructions)	7	152525.		STATEMENT 20	
-	ter than or equal to line 6, skip lines 8 and					
	). Otherwise, go to line 8.					
8 Subtract line 7 from	•••••••••••••••••••••••••••••••••••••••	8	<u> </u>			
	% (0.50).Do not enter more than \$25,000. If married filing se line 5 or line 9			9	0.	
	to Part III. Otherwise, go to line 15.			10	<u>0.</u>	
	Iowance for Commercial Revitalization Deduc	ction	s From Rental Real	Estat	te Activities	
	Il numbers in Part III as positive amounts. See the example f					
11 Enter \$25,000 reduc	ed by the amount, if any, on line 10. If married filing separate	ely, se	e instructions	11		
12 Enter the loss from li	ne 4			12		
	e amount on line 10			13		
14 Enter the smallest o	f line 2c (treated as a positive amount), line 11, or line 13			14		
Part IV Total Loss					0005	
	ny, on lines 1a and 3a and enter the total			15	3705.	
	d from all passive activities for 2017. Add lines 10, 14, an port the losses on your tax return			10	3705.	
	Deperture Reduction Act Nation and instructions	<u></u> .		16	5705.	

LHA 719761 10-13-17 For Paperwork Reduction Act Notice, see instructions.

#### Form 8582 (2017) JOSEPH L. & LINDA K. STOKES

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

#### Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.) **Current year** Prior years ED Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (ch) Gain (e) Loss 2 loss (line 1c) (line 1a) (line 1b) 119 OTIONS SEE ATTACHED STATEMENT FOR WORKSHEET 1 Total. Enter on Form 8582, lines 1a, -4107. 1b, and 1c 3705. -423. ► Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss	
Total. Enter on Form 8582, lines 2a and 2b				

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

	Curren	it year	Prior years	Overall gain or loss		
Name of activity	(a) Net income (line 3a)			(d) Gain (e) Loss		
Total. Enter on Form 8582, lines 3a, 3b, and 3c					· · ·	

3b, and 3c	 

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)							
	Form or schedule				(d) Subtract		

Name of activity	and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)

Total

### Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED	STATEMENT F	OR WORKSHEET	5
Total		4498.	1.000000000	825.

Page 2

Name of activity	Form or sc and line nu to be repor (see instruc	umber ted on	RECEIVED (a) Loss (b) Unal 2018 JUN 19 「町 12」		nallowed loss 2빅	(c) Allowed loss	
						<u> </u>	
	SEE ATT.	ACHED	STATE	MENT F	OR W	ORKSHEET	6
Total Worksheet 7 - Activities With Losses		►		4530.		825.	3705
Name of activity:	heported on 1					(d) Unallowe	d
	(a)		(b)	(c) Ra	tio	loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):		_					
1a Net loss plus prior year unallowed loss from form or schedule							
b Net income from form or schedule							`
c Subtract line 1b from line 1a. If zero or less, e	enter -0 🕨						
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed loss from form or schedule							
<ul> <li>b Net income from form or schedule</li> </ul>							
c Subtract line 1b from line 1a. If zero or less, e	enter -0 🕨						
Form or schedule and line number to be reported on (see instructions):							
1a Net loss plus prior year unallowed loss from form or schedule							
<ul> <li>b Net income from form or schedule</li> </ul>							
c Subtract line 1b from line 1a. If zero or less, e	enter -0 🕨						

Form 8582 (2017)

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Form	8582
FOILI	

Department of the Treasury

Internal Revenue Service (99)

## ALTERNATIVE MINIMUM TAX Passive Activity Loss Limitations

► Attach to Form 1040?01Form 1041.9 90 12 22 ► Go to www.irs.gov/Form8582 for instructions and the latest information.



Identifying number

Name(s) shown on return

Name(s) shown on return		PHE COLUMN	laen	tifying number
		TICNS		
JOSEPH L. & LINDA K. STOKES Part I 2017 Passive Activity Loss Caution: Complete Worksheets 1	0 and		1	
			I	
Rental Real Estate Activities With Active Participation (For the definition of active	particip	ation, see		
Special Allowance for Rental Real Estate Activities in the instructions.)				
1a Activities with net income (enter the amount from Worksheet 1, column (a))	. <u>1a</u>	3705.		
<ul> <li>b Activities with net loss (enter the amount from Worksheet 1, column (b))</li> </ul>	. <u>1b</u>	( 4107)		
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	. <u>1c</u>	( 423)		
d Combine lines 1a, 1b, and 1c			1d	-825.
Commercial Revitalization Deductions From Rental Real Estate Activities				
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	()		
<ul> <li>Prior year unallowed commercial revitalization deductions from</li> <li>Worksheet 2, column (b)</li> </ul>	. 2b	()		
c Add lines 2a and 2b		·	<u>2c</u>	· )
All Other Passive Activities				
3a Activities with net income (enter the amount from Worksheet 3, column (a))	. <u>3a</u>			
<ul> <li>b Activities with net loss (enter the amount from Worksheet 3, column (b))</li> </ul>	. <u>3b</u>	()		
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	. <b>3</b> c	()		
d Combine lines 3a, 3b, and 3c			3d	
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include				
losses are allowed, including any prior year unallowed losses entered on line 1 c	, 2b, or 3	3c. Report the losses on		
the forms and schedules normally used			4	-825.
If line 4 is a loss and: • Line 1d is a loss, go to Part II.				
<ul> <li>Line 2c is a loss (and line 1d is zero or more), skip Pa</li> </ul>	art II and	go to Part III.		
<ul> <li>Line 3d is a loss (and lines 1d and 2c are zero or more</li> </ul>		,		
Caution: If your filing status is married filing separately and you lived with your spor Part II or Part III. Instead, go to line 15.			notc	omplete
Part II Special Allowance for Rental Real Estate Activities Wi				
Note: Enter all numbers in Part II as positive amounts. See instructions	or an ex	ample.		
5 Enter the smaller of the loss on line 1d or the loss on line 4			5	825.
6 Enter \$150,000. If married filing separately, see instructions		150000.	1	
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	152525.		
Note: If line 7 is greater than or equal to line 6, skip lines 8 and				
9, enter -0- on line 10. Otherwise, go to line 8.				
8 Subtract line 7 from line 6				
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing s			9	
10 Enter the smaller of line 5 or line 9	•••••		10	0.
If line 2c is a loss, go to Part III. Otherwise, go to line 15.	intion	From Dontal Doal	Ectat	o Activities
Part III Special Allowance for Commercial Revitalization Dedu Note: Enter all numbers in Part III as positive amounts. See the example			Lətat	e Activities
		and the second	1 4 4	
11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separa			11	
12 Enter the loss from line 4			12 13	
<ul> <li>13 Reduce line 12 by the amount on line 10</li> <li>14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13.</li> </ul>			14	
Part IV Total Losses Allowed			1 14	
	······································		15	3705.
<ul> <li>Add the income, if any, on lines 1a and 3a and enter the total</li></ul>			- T	
to find out how to report the losses on your tax return			16	3705.

LHA 719761 10-13-17 For Paperwork Reduction Act Notice, see instructions.

Form 8582 (2017) JOSEPH L. & LIN									Page
Caution: The worksheets must be filed with your Worksheet 1 - For Form 8582, Lines									
WORKSHEEL I - FOR FORM 8382, LINES				uctions.	ED	T			
Name of activity		Current year			-	Prior years		Overall gain or loss	
	1	t income le 1a)		et <del>los</del> s e 1b)	(c <del>) Unall</del> loss (lin	owed	(d) Gain		(e) Loss
						18			
Fotal. Enter on Form 8582, lines 1a,	<u>SEI</u>						ORKSHEE!	<u>r 1</u>	
1b, and 1c ▶ Worksheet 2 - For Form 8582, Lines 2	Do and 2	<u>3705.</u>		-4107.		423.			
		a) Current		1	(b) Prior				
Name of activity		ductions (li		unallo	wed deduct		2b)	(c) 0	verall loss
	+								
Fotal. Enter on Form 8582, lines 2a	+								
and 2b									
Worksheet 3 - For Form 8582, Lines 3	3a, 3b, a	<b>nd 3c</b> (S	ee instr	ructions.)	)				
		Currei	nt year		Prior ye	ears	Over	rall gain or loss	
Name of activity		t income ne 3a)		et loss e 3b)	(c) Unalle loss (line		(d) Gain	(d) Gain (e) Lo	
Total. Enter on Form 8582, lines 3a, 3b, and 3c									
Worksheet 4 - Use this worksheet if	an amol	unt is she	own on	Form 8	582, line 1	0 or 14	(See instru	uctio	ns.)
Name of activity	and lin to be re	r schedule e number ported on structions)		Loss	(b) Ra	tio	(c) Specia allowance		(d) Subtract column (c) from column (a
Total		•							
Worksheet 5 - Allocation of Unallowe	d Losse	es (See in	structio	ons.)	L				
		orm or sch						Τ	
Name of activity	to	nd line nur be reporte ee instruct	ed on	(a) l	LOSS	(b	) Ratio	(c	) Unallowed los
								-	
	বিদ	E ATTA	CHED	ናጥልጥፑ	MENT F	OR WC	RKSHEE	r 5	
		<u></u>	<u></u>	JINIL					
Total			🕨		4498.	1.00	0000000	)	825

ALTERNATIVE MINIMUM TAX

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## ALTERNATIVE MINIMUM TAX

Form 8582 (2017) JOSEPH L. & LIND		OKES	<u> </u>				Page 3	
Worksheet 6 - Allowed Losses (See ins	Form or and line to be re	Form or schedule and line number to be reported on (see instructions)		RFCEIV (a) Loss 27119 JUN 19		nallowed loss	(c) Allowed loss	
					. 081	TIONS	· · · · · · · · · · · · · · · · · · ·	
	SEE A	FTACHED	STATE	MENT F		ORKSHEET	6	
		►		4530.		825.	3705.	
Worksheet 7 - Activities With Losses I Name of activity:	(a)		(b)	(c) Ra		(d) Unallowed loss		
Form or schedule and line number to be reported on (see instructions):								
1a Net loss plus prior year unallowed loss from form or schedule							-	
b Net income from form or schedule		· .						
c Subtract line 1b from line 1a. If zero or less, en	nter -0	>			·			
Form or schedule and line number to be reported on (see instructions):								
1a Net loss plus prior year unallowed loss from form or schedule								
b Net income from form or schedule								
c Subtract line 1b from line 1a. If zero or less, er	nter -0	•						
Form or schedule and line number to be reported on (see instructions):								
1a Net loss plus prior year unallowed loss from form or schedule								
b Net income from form or schedule ►								
c Subtract line 1b from line 1a. If zero or less, er	nter •0•	•						
Total								

Form 8582 (2017)

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FORM 1040	PENSIONS AND ANNUITIES		STATEMENT 1
IN STATE TEACHERS RETIRE FUNI	5 2019 JUN 19 PM 12	24	
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION RE	EPORTED ON SCH D	6768. 633.	
			6135.
IN STATE TEACHERS RETIRE FUNI	)		
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION RE	SPORTED ON SCH D	37245. 1562.	
			35683.
INDIANA UNIVERSITY HEALTH		· .	•
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION RE	PORTED ON SCH D	1365.	
			1365.
FLORIDA RETIREMENT SYSTEM			
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION RE	PORTED ON SCH D	12680.	
	· .		12680.
STATE FARM LIFE INSURANCE			
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION RE	PORTED ON SCH D	24822. 14662.	
			10160.
FRANSAMERICA RETIREMENT SOLUT	FIONS		
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION RE	PORTED ON SCH D	15000.	
			15000.
TOTAL INCLUDED IN FORM 1040	. LINE 16B	-	81023.

STATEMENT(S) 1

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FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE		STATE	MENT	3
		2.118	JUN 19 Pr	12 22			
r S Employer's NAME	AMOUNT PAID	FEDERAL TAX WITHHELD		SDIS	FICA TAX	MEDICA TAX	
S MANATEE COUNTY SCHOOL BOARD	71106.	8602.			4409.	103	31
FOTALS	71106.	8602.			4409.	103	31.
FORM 1040	FEDERAL	INCOME TAX	WITHHELD		STATE	EMENT	4
T S DESCRIPTION					AM	IOUNT	
S MANATEE COUNTY SCHOOI S IN STATE TEACHERS RET						860	)2.
T IN STATE TEACHERS RET T TRANSAMERICA RETIREME	TIRE FUND	IS				149	93.
r in state teachers rei	TIRE FUND ENT SOLUTION	I <b>S</b>				149	) ) ) )
I IN STATE TEACHERS RET I TRANSAMERICA RETIREME TOTAL TO FORM 1040, LIN FORM 1040	TIRE FUND ENT SOLUTION NE 64	EAR ESTIMAT			STATE	149 300 1351	00.
I IN STATE TEACHERS RET I TRANSAMERICA RETIREME TOTAL TO FORM 1040, LIN FORM 1040	TIRE FUND ENT SOLUTION NE 64 CURRENT Y	EAR ESTIMAT				149 300 1351	93. )0. L5.
F IN STATE TEACHERS RET F TRANSAMERICA RETIREME FOTAL TO FORM 1040, LIN FORM 1040	TIRE FUND ENT SOLUTION NE 64 CURRENT Y MOUNT APPLIE	EAR ESTIMAT D FROM PREV				149 300 1351 EMENT	93. 00. 15.
I IN STATE TEACHERS RET T TRANSAMERICA RETIREME TOTAL TO FORM 1040, LIN FORM 1040 AN DESCRIPTION 3RD QTR ESTIMATE PAYMEN	TIRE FUND ENT SOLUTION NE 64 CURRENT Y MOUNT APPLIE NT - JOINT APPLIED - J	EAR ESTIMAT D FROM PREV		· ·		149 300 1351 EMENT MOUNT 1000	93. 00. 15.
T IN STATE TEACHERS RET T TRANSAMERICA RETIREME FOTAL TO FORM 1040, LIN FORM 1040 AN DESCRIPTION 3RD QTR ESTIMATE PAYMEN PRIOR YEAR OVERPAYMENT	TIRE FUND ENT SOLUTION NE 64 CURRENT Y MOUNT APPLIE NT - JOINT APPLIED - J NE 65	EAR ESTIMAT D FROM PREV	IOUS YEAR	· · · · · · · · · · · · · · · · · · ·		149 300 1351 EMENT 1000 430 1430	93. 00. 15.
T IN STATE TEACHERS RET T TRANSAMERICA RETIREME TOTAL TO FORM 1040, LIN FORM 1040 AN DESCRIPTION 3RD QTR ESTIMATE PAYMEN PRIOR YEAR OVERPAYMENT FOTAL TO FORM 1040, LIN	TIRE FUND ENT SOLUTION NE 64 CURRENT Y MOUNT APPLIE NT - JOINT APPLIED - J NE 65	EAR ESTIMAT D FROM PREV	IOUS YEAR			149 300 1351 EMENT 1000 430 1430	93. 00. 15. 51. 51.
T IN STATE TEACHERS RET T TRANSAMERICA RETIREME FOTAL TO FORM 1040, LIN FORM 1040 AN DESCRIPTION 3RD QTR ESTIMATE PAYMEN PRIOR YEAR OVERPAYMENT FOTAL TO FORM 1040, LIN SCHEDULE A	TIRE FUND ENT SOLUTION NE 64 CURRENT Y MOUNT APPLIE MT - JOINT APPLIED - J NE 65 STATE AND	EAR ESTIMAT D FROM PREV	IOUS YEAR			149 300 1351 EMENT MOUNT 1000 436 1436 EMENT	93. 00. 15.

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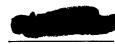
FOR	M 1040 SOCIAL SECURITY BENEFITS WORKSHEE	EIVED ST	TATEMENT	2
A X B	CK ONLY ONE BOX: SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER) MARRIED FILING JOINTLY MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUS AT ANY TIME DURING 2017			
D	D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUF FOR ALL OF 2017	SPOUSE		
1.	ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT	ON	2404	
	FORM 1040, LINE 20A IF YOU CHECKED BOX B: TAXPAYER AMOUNT SPOUSE AMOUNT	11869. 22980.	3484	9.
	MULTIPLY LINE 1 BY 50% (0.50) ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THE 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO	U 14,	1742	5.
4.	INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARN INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSION OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED	RRB-1099 ED S,	·15277	5.
	ADD LINES 2, 3, AND 4 ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTT		17020	
-	LINE NEXT TO LINE 36		29	
7	SUBTRACT LINE 6 FROM LINE 5 ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR		16990	4.
9.	\$-0- IF YOU CHECKED BOX C IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE	7?	3200	0.
	[ ] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU MARRIED FILING SEPARATELY AND YOU LIVED APART FROM Y	ARE OUR		
	SPOUSE FOR ALL OF 2017, BE SURE YOU ENTERED 'D' TO T RIGHT OF THE WORD "BENEFITS" ON LINE 20A.	HE		
10.	<pre>[X] YES. SUBTRACT LINE 8 FROM LINE 7 ENTER \$9,000 IF YOU CHECKED BOX A OR D, \$12,000 IF YOU CHECKED BOX B</pre>		13790	
11	\$-0- IF YOU CHECKED BOX C	<b>D</b> 0	1200	
	SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTE ENTER THE SMALLER OF LINE 9 OR LINE 10	K -0-	12590 1200	
	ENTER ONE HALF OF LINE 12		600	
	ENTER THE SMALLER OF LINE 2 OR LINE 13		600	
ι5.	MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, E	NTER -0-	10701	8.
*	ADD LINES 14 AND 15		11301	
٤7.	MULTIPLY LINE 1 BY 85% (.85)		2962	2.
L8.	TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR L * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	INE 17	2962	2.

JOSEPH L. & LINDA K. S	STOKES	· _		•		
SCHEDULE A	POINTS NOT	REPORTED			STATEMENT	7
DESCRIPTION		DATE RE- FINANCED		S PR 1 AMORT. PERIOD S Constant MOS.	AMORTIZAT THIS YEA	
HOUSE		12/01/12		250. 180		17.
TOTAL TO SCHEDULE A, LI	NE 12					17.
SCHEDULE A	CAS	H CONTRIBU	TIONS		STATEMENT	8
DESCRIPTION		AMOUNI 100% LIMI		AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	
MISCELLANEOUS CHURCH	· _	·		350. 9800.		
SUBTOTALS	-	<u></u>		10150.		
TOTAL TO SCHEDULE A, LI	TE 16				101	50.
				=		
SCHEDULE A CON	TRIBUTIONS	OTHER THA	N CASH O	R CHECK	STATEMENT	9
DESCRIPTION	AMOUNT 100% LIMI		IOUNT LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMI	
GOODWILL			400.		-	
SUBTOTALS			400.			
FOTAL TO SCHEDULE A, LI	NE 17				4	00.
SCHEDULE A	MEDICAL 2	AND DENTAL	EXPENSE:	5	STATEMENT	10
DESCRIPTION					AMOUNT	
JONG-TERM CARE INSURANC IEDICARE PREMIUMS WITHH RESCRIPTION DRUG COVER	ELD		LD		22	32. 50. 60.
FOTAL TO SCHEDULE A, LI	ne 1			-	58	42.

2

SCHEDULE A	REAL ESTATE TAXES	STATEMENT 11
DESCRIPTION	2013 JUN 19 PT 12 24	AMOUNT
REAL ESTATE TAXES FL REAL ESTATE TAXES NC		1988. 1556.
TOTAL TO SCHEDULE A, LINE	6	3544.
SCHEDULE C	GROSS RECEIPTS	STATEMENT 12
DESCRIPTION		AMOUNT
MANATEE COUNTY SCHOOL BOAR 1099-MISC	D - FROM	646.
TOTAL TO SCHEDULE C, LINE	1	646.
SCHEDULE E	OTHER EXPENSES	STATEMENT 13
RESIDENTIAL RENTAL - 1505	N WOODBRIDGE, MUNCIE, IN	
DESCRIPTION		AMOUNT
TRAVEL REFUND DEPOSITS		288. 789.
TOTAL TO SCHEDULE E, PAGE	1, LINE 19	1077.
SCHEDULE E	OTHER EXPENSES	STATEMENT 14
RESIDENTIAL RENTAL - 704 B	EECHWOOD, MUNCIE, IN	
		AMOUNT
DESCRIPTION	·	
DESCRIPTION  FRAVEL	·	225.

1



SCHEDULE SE	NON-FARM INCOMERECEIVED	STATEMENT 15
DESCRIPTION	2012 JUN 19 PM 12 22	AMOUNT
CONSULTING		646.
TOTAL TO SCHEDULE SE, LINE 2		646.

FORM 8582	ACTIVE	RENTAL	OF REAL EST.	ATE - WORKSH	EET 1 STA	TEMENT 16
		CURREN	T YEAR	PRIOR YEAR UNALLOWED	OVERALL GA	IN OR LOSS
NAME OF ACTIVITY	NET	INCOME	NET LOSS	LOSS	GAIN	LOSS
RESIDENTIAL RENTAL 1505 N WOODBRIDGE,				· .		
MUNCIE, IN RESIDENTIAL RENTAL 704 BEECHWOOD,	-	97.	0.		97.	
MUNCIE, IN RESIDENTIAL RENTAL 4824 STEVENS,	-	1044.	0.		1044.	
SARASOTA, FL RESIDENTIAL RENTAL 2308 PENNSYLVANIA,	-	1268.	0.	-32.	1236.	
BRADENTON, FL RESIDENTIAL RENTAL 2008 ROSEWOOD,	-	0.	-4107.	-391.		-4498.
MUNCIE, IN		1296.	0.		1296.	
FOTALS		3705.	-4107.	-423.	3673.	-4498.
FORM 8582	LLOCAT	ION OF U	NALLOWED LO	SSES - WORKSI	HEET 5 STA	TEMENT 17
NAME OF ACTIVITY			FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
<pre></pre>		7L	SCH E	4498.	1.000000000	825.

'OTALS

STATEMENT(S) 15, 16, 17

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825.

4498. 1.000000000

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FORM 8582 ALLOWED L	OSSES - WORL	KSHEET 6	STAT	EMENT 18
NAME OF ACTIVITY	2012 UN 1 FORM OR SCHEDULE		NALLOWED LOSS	ALLOWED LOSS
RESIDENTIAL RENTAL - 4824 STEVENS, SARASOTA, FL RESIDENTIAL RENTAL - 2308	SCH E SCH E	32.	0.	32.
PENNSYLVANIA, BRADENTON, FL	SCH E	4498.	825.	3673.
TOTALS		4530.	825.	3705.

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES 19 STATEMENT R FORM R Ε OR PRIOR  $\mathbf{NET}$ UNALLOWED ALLOWED A NAME SCHEDULE GAIN/LOSS YEAR C/O GAIN/LOSS LOSS LOSS SCH E X RESIDENTIAL **RENTAL - 1505 N** 97. 97. WOODBRIDGE, X RESIDENTIAL SCH E RENTAL -704BEECHWOOD, 1044. 1044. X RESIDENTIAL SCH E **RENTAL - 4824** STEVENS, 1268. -32. 1236. X RESIDENTIAL SCH E **RENTAL - 2308** -4107. -391. 825. PENNSYLVANIA, -4498. 3673. SCH E K RESIDENTIAL **RENTAL - 2008** ROSEWOOD, MUNCIE, 1296. 1296. FOTALS -402. -423. -825. 825. 3673. PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME 32. COTAL TO FORM 8582, LINE 16 3705.

FORM 8582	MODIFIED AGI	RECEIVED	STATEMENT 20
INCOME	9110 1110	UN 19 PM 12 22	
WAGES, SALARIES, TIPS ETC. DIVIDEND INCOME TAXABLE REFUNDS ALIMONY RECEIVED TAXABLE IRA DISTRIBUTIONS TAXABLE PENSIONS AND ANNUITIES UNEMPLOYMENT COMPENSATION OTHER INCOME		1977 - 19	71106. 81023.
INTEREST INCOME ADD: SERIES EE AND I EXCLUSION			
BUSINESS INCOME OR LOSS ADD: PASSIVE LOSSES SUBTRACT: PASSIVE INCOME		646.	· · · · · · · · ·
SALE OF ASSETS ADD: PASSIVE/RREA PROFESSIONAL I SUBTRACT: PASSIVE INCOME	LOSSES		646.
RENTAL, ROYALTY OR PASSTHROUGH ING ADD: PASSIVE/RREA PROFESSIONAL I SUBTRACT: PASSIVE INCOME		0. 3705. -3705.	
FARM OR FARM RENTAL INCOME OR LOSS ADD: PASSIVE/RREA PROFESSIONAL I SUBTRACT: PASSIVE INCOME		·	0.
FOTAL INCOME		· ·	152775.
<b>ADJUSTMENTS</b>			
MOVING EXPENSES SELF-EMPLOYED HEALTH INSURANCE DEN PENALTY ON EARLY WITHDRAWAL OF SAV ALIMONY PAID (EOGH/SEP DEDUCTION )THER ADJUSTMENTS		250.	
OTAL ADJUSTMENTS			250.
OTAL TO FORM 8582, LINE 7			152525.
		:	

STATEMENT(S) 20

FORM 8582

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ALTERNATIVE MINIMUM TAX TIVED ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 21

4498. 1.000000000

4498. 1.000000000

				224	
	CURREN	T YEAR	PRIOR YEAR UNALLOWED	OVERALL G	AIN OR LOSS
NAME OF ACTIVITY	NET INCOME	NET LOSS	LOSS	GAIN	LOSS
RESIDENTIAL RENTAL - 1505 N WOODBRIDGE, MUNCIE, IN	97.	0.			
RESIDENTIAL RENTAL - 704 BEECHWOOD,	271				
MUNCIE, IN RESIDENTIAL RENTAL - 4824 STEVENS,	1044.	0.		1044.	
SARASOTA, FL RESIDENTIAL RENTAL -	1268.	0.	-32.	1236.	
2308 PENNSYLVANIA, BRADENTON, FL RESIDENTIAL RENTAL -	0.	-4107.	-391.		-4498.
2008 ROSEWOOD, MUNCIE, IN	1296.	0.		1296.	
TOTALS	3705.	-4107.	-423.	3673.	-4498.
FORM 8582 ALLO		NATIVE MINI NALLOWED LO	MUM TAX SSES - WORKSI		ATEMENT 22
		FORM			UNALLOWED
NAME OF ACTIVITY		SCHEDULE	LOSS	RATIO	LOSS
RESIDENTIAL RENTAL - 2	308	SCH E			

2308 RESIDENTIAL RENTAL PENNSYLVANIA, BRADENTON, FL

FOTALS

825.

825.

· · · ·

FORM 8582	A		IVE MINIMU SSES - WORI	0, 11	VED STAT	rement 23
NAME OF ACTIVITY			FORM OR SCHEDULE		UNALLOWED LOSS	ALLOWED LOSS
RESIDENTIAL RENTAL SARASOTA, FL RESIDENTIAL RENTAL PENNSYLVANIA, BRAD	- 2308	-	SCH E SCH E	32. 4498.		32. 3673.
TOTALS			-	4530.	825.	3705.
FORM 8582AMT	SUMMA	RY OF PAS	SIVE ACTIV	ITIES - AMT	STAT	TEMENT 24
R R E A NAME	FORM OR SCHEDULE	GAIN/LOS		NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X RESIDENTIAL RENTAL - 1505 N WOODBRIDGE, X RESIDENTIAL	SCH E SCH E	97	•	97	•	
RENTAL - 704 BEECHWOOD, X RESIDENTIAL	SCH E	1044		1044	•	
RENTAL - 4824 STEVENS, X RESIDENTIAL	SCH E	1268	-32	. 1236	•	
RENTAL - 2308 PENNSYLVANIA, X RESIDENTIAL	SCH E	-4107	-391	-4498	. 825.	3673.
RENTAL - 2008 ROSEWOOD, MUNCIE	S,	1296	•	1296	•	
FOTALS		-402	-423	-825	. 825.	3673.
PRIOR YEAR CARRYOV	VERS ALLOW	ED DUE TO	CURRENT YI	EAR NET ACT	IVITY INCOME	32.
FOTAL TO FORM 8582	AMT, LINE	16				3705.

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	Form IT-40PNR State Form 472 (R16/9-17) Indiana Part-Yea Individual If filing for a fiscal year, enter t	Income Tax	Return	Y):	2017
	from	toping	UN 19 PM 12 2	2	Due April 17, 2018
	Your Social Security Number	Spouse's So Security Nun			
	Place "X" in box if applying for IT Your first name Initial Las	IN st name	Place "X" in	box if a	oplying for ITIN Suffix
	JOSEPH L If filing a joint return, spouse's first name Initial Las	STOKES st name			Suffix
	LINDA K Present address (number and street or rural route)	STOKES			
	351 HERNANDO AVE.				e "X" in box if you are ied filing separately.
	City	Stat	e Zip/l	Postal c	ode
	SARASOTA Foreign country 2-character code (see instructions)		FL	34243	
	worked on January 1, 2017. County where County where you lived 00 you worked 00	County spouse	lived 0.0 spo	nty whe use wor	
1.	Complete Schedule A first. Enter here the amount from S Schedule A	•	, and enclose Indiana Income	. 1	2437.00
2.	Enter amount from Schedule B, line 6, and enclose Sche	edule B	Indiana Add-Backs	2	189.00
3.	Add line 1 and line 2			3	2626.00
4.	Enter amount from Schedule C, line 12, and enclose Sch	nedule C	Indiana Deductions	4	.00
5.	Subtract line 4 from line 3			5	2626.00
6.	You must complete Schedule D. Enter amount from Sche and enclose Schedule D		_ Indiana Exemptions	6	52.00
	Subtract line 6 from line 5		djusted Gross Income	9	2574.00
	. State adjusted gross income tax: multiply line 7 by 3.23% (if answer is less than zero, leave blank)		83.(	0	
9.	. County tax. Enter county tax due from Schedule CT-40P (if answer is less than zero, leave blank)		.(	0	
10.	. Other taxes. Enter amount from Schedule E, line 4 (enclo	ose sch.) 10	.(	0	
11.	. Add lines 8, 9 and 10. Enter total here and on line 15 on	the back	Indiana Taxes	11	83.00



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12. Enter credits from Schedule F, line 9 (enclose schedule) 12 0.00					
13. Enter offset credits from Schedule G, line 8 (enclose schedule) 13					
14. Add lines 12 and 13       2018 JUN 19 12 24         Todiana Credits	.00				
15. Enter amount from line 11 Indiana Taxes	_15 83.00				
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	.00				
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	.00				
18. Subtract line 17 from line 16 Overpayment	18 .00				
19. Amount from line 18 to be applied to your 2018 estimated tax account (see instructions).					
Enter your county code county tax to be applied _\$ a .00					
Spouse's county code county tax to be applied _\$ b .00					
Indiana adjusted gross income tax to be applied\$ c .00					
Total to be applied to your estimated tax account ( $a + b + c$ ; cannot be more than line 18)	19d .00				
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.)	20 .00				
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund 21 .00					
22. Direct Deposit (see instructions)					
a. Routing Number					
b. Account Number					
c. Type: Checking Savings Hoosier Works MC					
d. Place an "X" in the box if refund will go to an account outside the United States					
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20					
(see instructions)	23 83.00				
24. Penalty if filed after due date (see instructions)	.00				
25. Interest if filed after due date (see instructions)	.00				
<b>26.</b> Amount Due: Add lines 23, 24 and 25 Amount You Owe Do not send cash. Please make your check or money order payable to:	26 83.00				
Indiana Department of Revenue. Credit card payers must see instructions.					
Sign and date this return after reading the Authorization statement on Schedule H. You must en	close Schedule H (both pages).				
Your Signature Date Spouse's Signature	Date				
If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 4620	7-7224.				
Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.					



Schedule A Section 1: Income or Loss

(Complete Proration, Section 2 and Section 3 on back)

Enclosure Sequence No. 01 Page 1 of 2

2017

pm 12\_22

Your Social Security Number

OF NEWED

2018 JUN 19

Name(s) shown on Form IT-40PNR

#### JOSEPH L & LINDA K STOKES

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2017 federal income tax return, Form 1040, 1040A or 1040EZ (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

		Incom	<b>Column A</b> e from Federal Return	inco	<b>Column B</b> me Taxed by Indiana
1.	Your wages, salaries, tips, commissions, etc	1A	0.00	1B	0.00
2.	Spouse's wages, salaries, tips, commissions, etc	2A	71106.00	2B	.00
3.	Taxable interest income	ЗA	.00	3B	.00
	Dividend income	4A	.00	4B	.00
5.	Taxable refunds, credits, or offsets of state and local taxes from your federal return	5A	.00	5B	.00
6.	Alimony received	6A	.00	6B	.00
	Business income or loss from federal Schedule C or C EZ	7A	646.00	7B	.00
8.	Capital gain or loss from sale or exchange of property from your federal return	8A	.00	8B	.00
9.	Other gains or (losses) from Form 4797	9A	.00	9B	.00
10.	Total IRA distribution	10A	.00	10B	.00
	Total pensions and annuities	11A	81023.00	11B	.00
12.	Net rent or royalty income or loss reported on federal Schedule E	12A	.00	12B	2437.00
13.	Income or loss from partnerships	13A	.00	13B	.00
14.	Income or loss from trusts and estates	14A	.00	14B	.00
15.	Income or loss from S corporations	15A	.00	15B	.00
16.	Farm income or loss from federal Schedule F	16A	.00	16B	.00
17.	Unemployment compensation	17A	.00	17B	.00
	Taxable Social Security benefits	18A	29622.00	18B	.00
19.	Indiana apportioned income from Schedule IT-40PNRA			_ 19B	.00
20.	Other income reported on your federal return		.00	20B	.00
	List source(s). (Do not include federal net operating loss in C	olumn B. \$	See instructions.)		

 21. Subtotal: add lines 1 through 20.
 21A
 182397.00
 21B





Schedule A Form IT-40PNR

(R16/9-17)

State Form 48719

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Schedule A Form IT-40PNR	Schedule A Proration; Section 2: Adjustments to Income	2017	Enclosure Sequence No. 01A Page 2 of 2
Proration Section See instructions.	200 pro 12 12 12 12 24		
21C. Note: Nonresident military perso and complete worksheet.	nnel see special instructions on page 15.	_ 21C	.00
if either line 21A and/or 21B are loby three numbers. Example: \$3,	e amount on line 21B by the amount on line 21A (see instructionss than zero). Please round your answer to a decimal follower 100 ÷ \$8,000 = .3875, which rounds to .388 (do not enter a result here and on Schedule D, line 6		D .013

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2017 federal income tax return, Form 1040, 1040A or 1040EZ. Round all entries.

		<b>lumn A</b> Adjustments		<b>lumn B</b> Adjustments
22. Educator expenses (see instructions) 23. Certain business expenses of reservists,	22A	250.00	22B	.00
performing artists, etc	23A	.00	23B	.00
24. Health savings account deduction	24A	.00	24B	.00
25. Moving expenses (see instructions)	25A	.00	25B	.00
26. Deductible part of self-employment tax	26A	46.00	26B	.00
27.Self-employed, SEP, SIMPLE, and qualified plans	27A	.00	27B	.00
28. Self-employed health insurance deduction	28A	.00	28B	.00
29. Penalty on early withdrawal of savings	29A	.00	29B	.00
30.Alimony paid	30A	.00	30B	.00
31.IRA deduction	31A	.00	31B	.00
32. Student loan interest deduction (see instructions)	32A	.00	32B	.00
33. Tuition and fees deduction (see instructions)	33A	.00	33B	.00
34. Domestic production activities deduction	34A	.00		
35. Other (see instructions)	35A	.00	35B	.00
36.Add lines 22 through 35	36A	296.00	36B	0.00
Section 3: Totals				
37. Subtract line 36 from line 21 of Section 1. Carry amount from line 37B to Form IT-40PNR, line 1	37A	182101.00	37B	2437.00



Schedule B Form IT-40PNR, State Form 54030 (R8 / 9-17)	Schedule B: Add-Ba	cks 2017 REDEIVED	,	Enclosure Sequence No. <b>02</b>
Name(s) shown on Form IT-40PNR	0040 - 11	Your Social Se		ty Number
JOSEPH L & LINDA K STOKES		IN 19 PM 12 27		
		Maria (1997) (1997) Maria (1997) Maria (1997)	0	Round all entries
1. Tax add back: certain taxes deducted from t	federal Schedules C, C-EZ, E an	d/or F	1	0.00
2.00S municipal obligation interest add back			2	.00
3. Bonus depreciation add-back			3	189.00
4. Section 179 expense excess add-back			4	.00
5. Other Add-Backs: See instructions.				
a. Enter add-back name	c	ode no.	5a	.00
b. Enter add back name	c	ode no.	5b	.00
c. Enter add-back name	c	odeno.	5c	.00
d. Enter add-back name	c	odeno.	5d	.00
e. Enter add-back name	. c	odeno.	5e	.00
f. Enter add-back name	c	odeno.	5f	.00
g. Enter add-back name	c	ode no.	5g	.00
h. Enter add-back name	, c	ode no.	5h	.00
i. Enter add-back name	c	ode no.	5i	.00
j. Enter add-back name	с	ode no.	5j	.00
k. Enter add-back name	c	ode no.	5k	.00
I. Enter add-back name	c	ode no.	51	.00
m.Enter add-back name	c	odeno.	5m	.00
n. Enter add-back name	c	ode no.	5n	.00
o. Enter add-back name	c	ode no.	50	.00
6. Add lines 1 through 5. Enter total here and o	on Form IT-40PNR, line 2 Tota	al Indiana Add-Backs	6	189.00



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Schedules D & E Form IT-40PNR, State Form 54032 (R8 / 9-17)	Schedule D: Exemptions (Schedule E begins after line 7 below)	2017		Enclosure Sequence No. <b>04</b>
Name(s) shown on Form iT-40PNR	PECEIVED	our Social Se	curity Numbe	r
JOSEPH L & LINDA K STOKES	ana Jan 19 - 15 <b>12 2</b> 4	CER	001	
	ام ده دمې مې چې دو. د د د د		Round	all entries
<ol> <li>Number of exemptions claimed on your fede</li> <li>If you did not claim an exemption on your</li> <li>See instructions if you did not file a federal</li> </ol>	federal return, enter "1" in the box above.		1	2000.00
2. Claim an additional exemption for certain de	pendent children (see instructions).			
Enter number you are eligible to claim	x \$1500: you <b>MUST</b> enclose Schedule	IN-DEP	2	.00
3. Place "X" in box(es) below if, by December 3	31, 2017			
You were age 65 or older $X$ and/	orblind			
Spouse was 65 or older X and/	orblind			•
Total number of boxes with Xs 2 x	\$1000		3	2000.00
4. If age 65 or older, enter amount from Sched If this amount is less than \$40,000, place "X		182101		
You were age 65 or older				
Spouse was 65 or older				
Total number of boxes with Xs x 3	\$500		4	.00
5.Add lines 1, 2, 3 and 4			5	4000.00
6. Enter the number from Schedule A, Proratio	on Section, line 21D		6 .013	3
7 Multiply line 5 by line 6. Enter here and on F	Form IT-40PNR, line 6Total Ex	xemptions	7.	52.00
	Schedule E: Other Taxes			
1. Use tax on out-of-state purchases from line	4 of Sales/Use Tax Worksheet		1	.00
2. Household employment taxes. Enclose Sch	edule IN-H		2	.00
3. Recapture of Indiana's CollegeChoice 529 c	credit. Enclose Schedule IN-529R		3	.00
4. Add lines 1 through 3. Enter here and on Fo	orm IT-40PNR, line 10 Total C	ther Taxes	4	.00

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	Schedule H Form IT-40PNI State Form 5403 (R8 /9-17)	R		Schedul (Corr	e H S aplete Se	ection ection 2:	n 1: Res Additional	idency Inforu Information on bac RECE	<b>mation</b> ₩) ₩ED	2017	Enclosure Sequence No. 07 Page 1 of 2
Nar	me(s) shown on	Form IT	40PNR					2018 JUN 19	our-Soeia	North Secority Numb	er
	Ction 1: Res	. al .	cy Lis	t all state(s) ar	nd dates "IL" for I	of your (a llin <b>o</b> is) or	and your spo the letters "	ouse's, if filing joinny OC" if you were a re	residence sident of a	y during 2017. E a foreign country	nter 2-letter (see instructions).
Exa	ample State of Residence	Date (MM	From /DD)		Date (MM					tax return with appropriate box	the state/country?
	IL	01	01	2017	06	01	2017	Yes	x	No	
	IN	06	02	2017	12	31	2017	Yes	x	No	
You	<u>ır informati</u>	on									
100	(a) State of Residence		(b) From /DD)		Date (MM					tax return with appropriate box	the state/country?
1A	FL	01	01	2017	12	31	2017	Yes	- [	No X	
1B				2017			2017	Yes	I	No	
1C				2017			2017	Yes	I	No	
1D				2017			2017	Yes	I	No	
Spo	ouse's infor			arried filin	g join	tly					
	(a) State of Residence		(b) From /DD)		Date (MM					ax return with th propriate box.	ne state/country?
2A	FL	01	01	2017	12	31	2017	Yes	f	No X	
2B				2017			2017	Yes	I	No	
2C				2017			2017	Yes	I	No	
2D				2017			2017	Yes	1	No	

Turn over to complete Section 2



Schedule H Form IT-40PNR	Schedule H S Additional Require	d Information	<b>2017</b>	Enclosure Sequence No. 07A Page 2 of 2
Section 2: Additional Informat	ion	ana 221 <b>1</b> 9	PG 12 24	
<ol> <li>Federal filing information         Are you filing a federal income tax return for         Extension of time to file         a. Place "X" in box if you have filed a fed     </li> </ol>		iate box. YesX No	- 18 19 19 19 19 19 19 19 19 19 19 19 19 19	ayment.
b. Place "X" in box if you have filed an In	diana extension of time to file	, Form IT-9, or made	an Indiana extension	payment online.
<ul> <li>3. Farm / Fishing income</li> <li>Place "X" in box if at least two-thirds of you Important: If you placed an "X" in the box, y</li> <li>4. Date of death</li> <li>If any individual listed at the top of the IT-40 Taxpayer's date of death</li> </ul>	you MUST attach Schedule I DPNR died <i>during</i> 2017, ente 2017 Spous	r date of death (MM/D e's date of death	D). 2017	·
Authorization Sign Form IT-40PNR after Under penalty of perjury, I have examined plete and correct. I understand that if this is taxes due under this return. Also, my reque Revenue to furnish my financial institution my refund is properly deposited. I give per Social Security number(s) used on this return	this return and all attachmen s a joint return, any refund wi est for direct deposit of my re with my routing number, acco mission to the Department to	ts and to the best of m Il be made payable to fund includes my auth bunt number, account	us jointly and each of orization to the Indiar type and Social Secu	us is liable for all na Department of rity number to ensure
5. Your daytime telephone number	Your email address		ACH@MSN.COM	
I authorize the Department to discuss my ref representative.	urn with my personal	Paid Preparer: Firm's	Name (or yours if self-e	mployed)
Yes X No If yes, complete the info	ormation below.	DRUMM AND CO	MPANY	
Personal Representative's Name (please print	i)	IN-OPT on file with	paid preparer if not filin	g electronically
JEAN DRUMM CPA	1. A.	PTIN		
Telephone 7652811160		Address 312 W.	MAIN STREET	
Address 312 W. MAIN STREET		City MUNCI	E	
City MUNCIE		State IN	Zip Code	47305
State IN Zip Code	47305	Preparer's signature	ndum c	PA 3-24-18



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2019 PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	2 22 T Gross distribution 2 2a Taxable amount OMB No. 1545-011
	e 5 757 95 e 5 134 72 2017
INDIANA STATE TEACHERS RET FUND INDIANA STATE TEACHERS	2b Taxable amount Total I Total Distribution
PO BOX 9001 NORFOLK, VA 23501	3 Capital gain     4 Federal income     from Pensions     Annuities     fx withheld     s     s     s     s     s     s     s     s     s     s     s     s     s     s     s     s     s     s
Customer service telephone number: (888) 286-3544 RECIPIENT'S name and address	5 Employee contributions 6 Net unrealized appreciation 7 Designated Roth contributions or insurance premiums
· · ·	\$     633.24  s       7 Distribution IRAV     8. Other       7 Code(s)     SEP/       SIMPLE     File this copy       7     \$       %     %
	9a Your percentage of 9b Total employee income tax total distribution contributions return, wher % \$ required
LINDA K STOKES 351 HERNANDO AVE SARASOTA FL 34243	10 Amount allocable to 11 1st year of desig. FATCA filling IRR within 5 years Both contrib. Four featurement \$
	12 State tax withheld         13 State/Payers state no. 14 State distribution           \$         6,134.72
PAYER'S Federal ID number   RECIPIENT'S ID number   Account number (see instructions	) 15 Local tex withheld 16 Name of locality 17 Local distribution \$ \$
FORM 1099-R www.irs.gov/form10	99r Department of the Treasury - Internal Revenue Service

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Department of the measury - Internal nevenue service

2017

1 Gross distribution 2a Taxable amount OMB No. 1545-0119

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code

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INDIANA STATE TEACHERS RET FUND INDIANA STATE TEACHERS PO BOX 9001 NORFOLK, VA 23501

> JOSEPH L STOKES 351 HERNANDO AVE SARASOTA FL 34243

PAYER'S Federal ID number RECIPIENT'S ID number

FORM IUSS-H (keep for your records)

Customer service telephone number: (888) 286-3544

**RECIPIENT'S name and address** 

	\$ 37,245.24 \$ 2b Taxable amount Total	2017 35,683.08 Form 1099-R: Distributions
	3 Capital gain 4 Feder (Included in box 2a) 5	1,493.29 From Pensions, Annuities, Retirement or Profit-Sharing
	/Designated Roth in emplo contributions or insurance premiums i	alzed appreciation Plans, IRAs, pers decurities Insurance Contracts, etc.
	\$     1,562.16  \$       7. Distribution IBA/ code(s)     \$       SIMPLE     \$       7     \$       9a Your percentage of '     \$b Total control	employee buttors equilations entrological employee buttors employee buttors employee buttors employee buttors employee e employee employee employee employee employee employee employee e e e e e e e e e e e e e e e e e
		ear of desig. EATCA filling contrib.
	\$	Payer's state no. 14 State distribution \$ 35,683.08
Account number (see instructions)	e	e of locality 17 Local distribution \$
in cou/form1099r	Department of the T	reasury - Internal Revenue Service

FORM 1099-R

www.irs.gov/form1099r

www.irs.gov/torm1099r

				REDE	IVED		
			CORRECTED (if a	checked)			
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code TRANSAMERICA RETIREMENT SOLUTIONS 4333 EDGEWOOD ROAD N.E. CEDAR RAPIDS, IA 52499		1 Gross distribution	\$15,000.00 \$15,000.00	- Омвур. 64-0119 2017 Form 1099-R	Distributions From Pension Annuities, Retirement or Profit-Sharing Plans,IRAs, Insurance Contracts, etc.		
			2b Taxable amount not determined		Total distribution	· 🗌	Copy B Report this income
FOR QUESTIONS CALL 8			3 Capital gain (included	in box 2a)	4 Federal income tax withheld		on your federal tax return. If this form
PAYER'S federal identification number RECIPIENT'S identification number RECIPIENT'S name, street address, city or town, state or province,		5 Employee contributions/Designated Roth contributions or insurance premiums		\$3,000.00 6 Net unrealized appreciation in employer's securities		shows federal income tax withheld in box 4, attach this	
country, and ZIP or foreign postal code STOKES JOSEPH L 351 HERNANDO AVE SARASOTA, FL 34243		7 Distribution code(s) 7	IRA / SEP /	8 Other	%	copy to your return.	
		9a Your percentage of to	otal distribution %	9b Total employee contributions			
			12 State tax withheld		13 State/Payer's state no.		14 State distribution
					FL		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement	15 Local tax withheld		16 Name of locality		17 Local distribution
Account number (see instructions)							
Form 1099-R		W	/ww.irs.gov/form109	99r	Department of the Treas	ury-Internal F	Revenue Service

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## FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

Sox 1. Name LINDA K STOKES	-	<u> </u>	Box 2. Beneficiary's Social Security Number	
Box 3. Benefits Paid in 2017	Box 4. Benefits Repair	d to SSA in 2017	Box 5. Net Benefits for 2017 (Box 3 minus Box 4)	
*\$22,980.00	NC	NONE \$22,980.00		
DESCRIPTION OF AMOUNT	IN BOX 3	DES	CRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit Benefits for 2017	\$22,980.00 \$22,980.00		NONE	
		Box 6. Voluntary F	ederal Income Tax Withheld NONE	
		Box 7. Address LINDA K ST 351 HERNAN SARASOTA I		
		Box 8. Claim Num	ber (Use this number if you need to contact SSA.)	

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code       1       Gross distribution       OMB No. 1545-0119       Distributions From Pensions, Annutities, 20       Image: Street address, city or town, state or province, street address, city or town, state or province, provide address, city or town, state or province, street address, city or town, state or province, provide address, city or town, state or province, street address, city or town, state or province, provide address, city or town, state or province, street address, city or town, state or province, provide address, city or town, state or province, provide address, city or town, state or province, street address, city or town, state or province, provide address, city or town, state or province, street address, city or town, state or province, provide address, city or town, state or province, street address, city or town, street address, street address, city or town, street address, city or town, street address, street address, street addre
FLORIDA RETIREMENT SYSTEM       \$             12,679.68       20 17       Profit-Sharing         DIVISION OF RETIREMENT       PO BOX 9000       Taxable amount       Profit-Sharing       Contracts etc.         TALLAHASSEE FL 32315-9000       2b Taxable amount       Total unper total       Total unper total       10         PAYER'S federal identification number       RECIPIENT'S identification number       3 Capital gain (included in box 2a)       4 Federal income tax withheld in box 2a)       Income on your return. If this form shows federal income tax withheld in box 4, attach approx 1 insurance prenums         JOSEPH L STOKES       0.00       \$             0.00       \$             0.00       \$             0.00       Insurance         10 Amount allocable to IRR within 5 years       11 1st year of desig. Roth contrib.       FATCA filing equiment       12 State tax withheld       13 State/Payer's state no.       14 State distribution \$             \$             \$
PO BOX 9000 TALLAHASSEE FL 32315-9000       insurance s       insurance contracts, etc. Contracts, etc. Contr
PAYER'S federal identification number       RECIPIENT'S identification number       3       Capital gain (included in box 2a)       4       Federal income tax withheld       Income on your federal tax withheld         RECIPIENT'S name       5       Employee contributions /Designated Roth contributions or insurance premiums       6       Net unrealized appreciation in employer's securities       Federal tax withheld       tax withheld         JOSEPH L STOKES 351 HERNANDO AVE SARASOTA, FL 34243-2031       5       Employee contributions /Designated Roth contributions or insurance premiums       8       Other       This information is being furnished to the Internal Revenue Service.         10       Amount allocable to IRR within 5 years       11       1st year of desig. Roth contrib.       FATCA filing requirement \$       12       State tax withheld       13       State/Payer's state no.       14       State distribution \$         Account number (see instructions)       15       Local tax withheld       16       Name of locality       17       Local distribution \$
number       number       in box 2a)       withheld       federal tax return. If this form shows federal income tax withheld in box 4, attach contributions or insurance premiums         RECIPIENT'S name       5       Employee contributions or insurance premiums       6       Net unrealized appreciation in employer's securities       federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to appreciation in employer's securities         JOSEPH L STOKES       5       0.00       5       O.00       5       This information is being furnished to the internal distribution of \$       8       Other       This information is being furnished to the internal distribution of \$       9       Total employee contributions of the internal distribution of \$       9       Total employee contribution s       This information is being furnished to the internal distribution of \$       5       0.00       13       State/Payer's state no.       14       State distribution \$         10       Amount allocable to IRR within 5 years       11       11 st year of desig. Roth contrib.       12       State tax withheld       13       State/Payer's state no.       14       State distribution \$         \$       15       Local tax withheld       16       Name of locality       17       Local distribution \$         \$       \$       \$       \$       \$       \$       \$       \$
RECIPIENT'S name       \$       0.00       federal income tax withheld in preciation in employer's securities         JOSEPH L STOKES       \$       0.00       \$       box 4, attach this copy to preciation in employer's securities         JOSEPH L STOKES       \$       0.00       \$       This information is being furnished to the internal distribution of the internal distribution       \$       This information is being furnished to the internal distribution         JOSEPH L STOKES       \$       0.00       \$       This information is being furnished to the internal distribution         JOSEPH L STOKES       \$       0.00       \$       This information is being furnished to the internal distribution       \$       0.00         351 HERNANDO AVE       7       \$       \$       0.00       \$       This information is being furnished to the internal distribution         SARASOTA, FL 34243-2031       7       \$       \$       0.00       \$       This information is being furnished to the internal distribution       \$       0.00       \$       This information is being furnished to the internal distribution       \$       \$       0.00       \$       This information is being furnished to the internal distribution       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$ <td< td=""></td<>
JOSEPH L STOKES       351 HERNANDO AVE       \$ 0.00       \$       appreciation in employer's securities       box 4, attach this copy to your return.         JOSEPH L STOKES       \$ 0.00       \$       This information is being furnished to the Internal distribution %       \$ 0.00       \$       This information is being furnished to the Internal distribution %       This information is being furnished to the Internal distribution %       \$ 0.00       \$       This information is being furnished to the Internal distribution %       \$ 0.00       \$       This information is being furnished to the Internal distribution %       \$ 0.00       \$
351 HERNANDO AVE         351 HERNANDO AVE         SARASOTA, FL 34243-2031         7 Distribution         7         9a         Your percentage of total distribution         9a         Your percentage of total distribution         9a         Your percentage of total distribution         9b         Total employee contributions distribution         9a         Your percentage of total distribution         9a         Your percentage of total distribution         9b         Total employee contributions distribution         9b         Total employee contributions         0.00         10 Amount allocable to IRR within 5 years         11 1st year of desig. Roth contrib.         FATCA filling requirement         \$         \$         Account number (see instructions)         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$
SARASOTA, FL 34243-2031       Code(s)       SiMPLE       being furnished to the internal defined to the internal distribution         7       9       Your percentage of total distribution       9b Total employee contributions distribution       being furnished to the internal Revenue Service.         10 Amount allocable to IRR within 5 years       11 1st year of desig. Roth contrib.       FATCA filling requirement       12 State tax withheld       13 State/Payer's state no.       14 State distribution \$         \$       \$       \$       \$       \$       \$       \$         Account number (see instructions)       15 Local tax withheld       16 Name of locality       17 Local distribution \$         \$       \$       \$       \$       \$       \$
9a     Your percentage of total distribution     9b     Total employee contributions     Revenue Service.       10     Amount allocable to IRR within 5 years     11     1st year of desig. Roth contrib.     FATCA filling requirement     12     State tax withheld     13     State/Payer's state no.     14     State distribution       \$     \$     \$     \$     \$     \$     \$     \$       \$     \$     \$     \$     \$     \$     \$       \$     \$     \$     \$     \$     \$       \$     \$     \$     \$     \$     \$       \$     \$     \$     \$     \$     \$       \$     \$     \$     \$     \$     \$       \$     \$     \$     \$     \$     \$
within 5 years     desig. Roth contrib.     requirement     \$       \$     \$     \$     \$       \$     \$     \$     \$       Account number (see instructions)     \$     15 Local tax withheld     16 Name of locality     17 Local distribution       \$     \$     \$     \$
Account number (see instructions)
\$\$ \$\$
\$
orm 1099-R www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service
๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛

	CORREC	TED (if checked)		
PAYER'S name, struct address, day or lown, statio or pro MANATEE COUNTY SCHOOL PO BOX 9069 BRADENTON FL 34206-9069 941 7088770	vinos, country, 2P or foreign postal code, and telephone no BOARD	1 Rents 2 Royalties	OMB No. 1545-0115 20 <b>17</b> Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number	RECIPIENT'S identification number	3 Other income	4 Federal income tax withheld	Copy B For Recipient
RECIPIENT'S name, street address (including apl. no.), city or town, state or province, country, and ZIP or famign postal code JOSEPH L STOKES 351 HERNANDO AVENUE SARASOTA FL 342430000		5 Fishing boat proceeds	6 Medical and health care payments	This is important tax information and is being furnished to the
		7 Nonemployee compensation 646.00	8 Substitute payments in lieu of dividends or interest	Internal Revenue Service. If you are required to file a return, a negligence penalty or
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance proceeds	other sanction may be imposed on you if this income is taxable and
ញ	FATCA filing requirement	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	the IRS determines that it has not been reported.
15a Section 409A deferrats	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income
Form 1099-MISC (k	ceep for your records) ww	w.irs.gov/form1099misc	Department of the Tre	asury - Internal Revenue Service

Corrected (if checked)								
PAYER'S name, strust address (including spl. no.), only or town, state or province, country, and 2P or foreign The Northern Trust Company	1 Gross distribution	\$1,365.36	OMB ග	No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-		
Benefit Payment Services C-2N 50 S. LaSalle St. Chicago, Illinois 60603 As Paying Agent for:		2a Taxable amount	\$1,365.36	65.36 Form 1099-R			Sharing Plan IRAs, insuranc Contracts, et	
	2b Taxable amount not determined		Total distribution			Copy 2 File this copy with your state, city,		
INDIANA UNIVERSITY HEALTH BMH-MONTHLY 1-855-738-3710		3 Capital gain (includ	ed in box 2a),	4 Federal income tax	withhold	\$0.00	or local income tax return, when required.	
PAYER'S federal identification number RECIPIENT'S identification number		5 Emp contrib /Desig		6 Net unrealized appr	ecieliQn in employer's	securities	(eduier.	
		ins. prem. (i)	Ğ 0 <sup>1</sup> ,1° <b>\$0:00</b>	الم الم	2.0	\$0.00		
RECIPIENT'S name, street address (including apt. no.), city or lown, state or province, country, and ZIP or for	oreign postal code	7 Distribution code(s)	IRA/ SEP/ SIMPLE	8 Other				
		7			0.00			
		9a Your percentage	of total distribution	9b Total employee co	ntribution			
LINDA STOKES			0%					
351 HERNANDO AVE SARASOTA FL 34243-2031		10 Amount allocable	to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement	12 State ta	x withheid	
		÷	0.00	riour commo.	10quillonit		\$0.00	
Account number (see instructions) 13 State/Payer's state no. 14 State distributio	วก	15 Local tax withheir		16 Name of locality		17 Local di	stribution	
63580005726077 N	\$0.00		\$0.00				\$0.00	

Substitute Form 1099-R

State Farm Lif Tax Department One State Farm Bloomington IL (888)382-1647	P1z 61710-0001	r For Tax Yea <b>2017</b>				
PAYER'S federal identification nu	nbeli Gross distribution 24,822.28	2a Taxable amount	,160.12	2b Taxable amount not determined	Total distribution X	3 Capital gain (included in box2a
4 Federal income tax withheld 0.00	5 Employee contributions Designated Roth contributions or insurance premiums 14,662.16		RA/SEP 8 Other	9a 0	Percentage f distribution	9b Total employee contributions
12 State tax withheld 0.00	13 State/Payer's state number	RECIPIENT'S identificati	on number Tax	Qualified type		
RECIPIENT'S name, addres LINDA K STOKES 351 HERNANDO A SARASOTA FL 3	AMOUNT REPRACCOUNT NUM				OM	

Department of the Treasury - Internal Revenue Service

117021.19 (1099Rn) 09-19-2017

## FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. SEE THE REVERSE FOR MORE INFORMATION. HIM 10 Om 12 23 2010 Box 1. Name Box 2. Beneficiary's Social Security Number JOSEPH L STOKES Box 3. Benefits Pald in 2017 Box 4. Benefits Repaid to SSA in 2017 Box 5. Net Benefits for 2017 (Box 3 minus Box 4)

CU2533329-11131267

\*\$11,869.00 NONE \$11,869.00 **DESCRIPTION OF AMOUNT IN BOX 3 DESCRIPTION OF AMOUNT IN BOX 4** NONE Paid by check or direct deposit \$9.459.40 Medicare Part B premiums deducted from your benefits \$2,250.00 Medicare Prescription Drug Premiums (Part D) deducted from your benefits \$159.60 **Total Additions** \$11,869.00 Benefits for 2017 \$11,869.00 Box 6. Voluntary Federal Income Tax Withheid NONE Box 7. Address CU2533329-11131267841-1 JOSEPH L STOKES **351 HERNANDO AVE** SARASOTA FL 34243-2031 Box 8. Claim Number (Use this number if you need to contact SSA.) \*Includes: \$47.00 paid in 2017 for 2016 DO NOT RETURN THIS FORM TO SSA OR IRS Form SSA-1099-SM (1-2018)