

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:  
351 Hernando Avenue

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

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2018 JUN 19 PM 12 20  
MANATEE COUNTY  
SUGGESTED FEES AND RATES

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of April 16, 2018 was \$ 925,022.

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 85,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
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	AMOUNT OF LIABILITY
<u>N/A</u>	\$330,056

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 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 INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
N/A		

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

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

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

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

**PART F - TRAINING**

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

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

STATE OF FLORIDA  
 COUNTY OF Manatee

Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of

April, 2018 by Joseph L Stokes

Michelle Guadarrama  
 (Signature of Notary Public--State of Florida)

Michelle Guadarrama  
 (Print, Type, or Stamp Commissioned Name of Notary Public)  
**MICHELLE GUADARRAMA**  
 Notary Public, State of Florida  
 Commission # GG-1673  
 My comm. expires July 2, 2020

Personally Known \_\_\_\_\_ OR Produced Identification

Joseph L. Stokes  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced Fun

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

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

Signature

Date

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

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

Assets continued:

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

2018 JUN 19 PM 12 21

Sun Coast Bank-Cash \$1661

PROPERTY  
ASSOCIATIONS

**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



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DRUMM AND COMPANY  
312 W. MAIN STREET  
MUNCIE, INDIANA 47305  
765-281-1160

2018 JUN 19 PM 12 21  
SECURITY  
OPTIONS

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

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

2017, ending

20

See separate instructions.

Your first name and initial

Last name

JOSEPH L.

STOKES

Your social security number

[REDACTED]

If a joint return, spouse's first name and initial

Last name

LINDA K.

STOKES

Spouse's social security number

[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.

351 HERNANDO AVE.

Apt. no.

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

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

SARASOTA, FL 34243

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

- 1 Single, 2 Married filing jointly (checked), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er)

Check only one box.

Exemptions

- 6a Yourself (checked), 6b Spouse (checked), c Dependents table, d Total number of exemptions claimed (2)

If more than four dependents, see instructions and check here

Income

Table with 2 columns: Description (lines 7-22) and Amount. Total income: 182397.

Adjusted Gross Income

Table with 2 columns: Description (lines 23-37) and Amount. Adjusted gross income: 182101.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 182101.

39a Check  You were born before January 2, 1953,  Blind. Total boxes checked 39a 2  
 if:  Spouse was born before January 2, 1953,  Blind. checked 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 32029.

41 Subtract line 40 from line 38 41 150072.

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 42, otherwise, see inst. 42 8100.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 141972.

44 Tax. Check if any from: a  Form(s) 8814 b  Form 4972 c  44 26971.

45 Alternative minimum tax. Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 26971.

48 Foreign tax credit. Attach Form 1116 if required	48
49 Credit for child and dependent care expenses. Attach Form 2441	49
50 Education credits from Form 8863, line 19	50
51 Retirement savings contributions credit. Attach Form 8880	51
52 Child tax credit. Attach Schedule 8812, if required	52
53 Residential energy credits. Attach Form 5695	53
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	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.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 91.

58 Unreported social security and Medicare tax from Form: a  4137 b  8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60a Household employment taxes from Schedule H 60a

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b

61 Health care: Individual responsibility (see instructions) Full-year coverage  61

62 Taxes from: a  Form 8959 b  Form 8960 c  Inst.; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 27062.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 13515.

65 2017 estimated tax payments and amount applied from 2016 return 65 14361.

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a  2439 b  Reserved c  8885 d  73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 27876.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 814.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a

Direct deposit? See instructions. Routing number  c Type:  Checking  Savings d number

77 Amount of line 75 you want applied to your 2018 estimated tax 77 802.

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78

79 Estimated tax penalty (see instructions) 79 12.

Third Party Designee

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

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

Sign Here

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation EDUCATOR Daytime phone number \_\_\_\_\_

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation TEACHER If the IRS sent you an Identity Protection PIN, enter it here \_\_\_\_\_

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN

JEAN DRUMM CPA *JEAN DRUMM CPA* 3-24-18

Firm's name DRUMM AND COMPANY Firm's EIN \_\_\_\_\_

312 W. MAIN STREET Phone no. 765-281-1160

Firm's address MUNCIE, IN 47305

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service  
(99)  
Name(s) shown on Form 1040

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Your social security number

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**JOSEPH L. & LINDA K. STOKES**

<b>Medical and Dental Expenses</b>		Caution: Do not include expenses reimbursed or paid by others.	
1	Medical and dental expenses (see instructions)	SEE STATEMENT 10	5842.
2	Enter amount from Form 1040, line 38	2 182101.	
3	Multiply line 2 by 7.5% (0.075)		13658.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		0.
<b>Taxes You Paid</b>		5 State and local (check only one box):	
a	<input checked="" type="checkbox"/> Income taxes, or	SEE STATEMENT 6	234.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	SEE STATEMENT 11	3544.
7	Personal property taxes		
8	Other taxes. List type and amount		
9	Add lines 5 through 8		3778.
<b>Interest You Paid</b>		10 Home mortgage interest and points reported to you on Form 1098	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		17684.
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).		11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	17. STMT 7
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	
15	Add lines 10 through 14	15	17701.
<b>Gifts to Charity</b>		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	SEE STATEMENT 9	10150.
18	Carryover from prior year	17	400. STMT 8
19	Add lines 16 through 18	18	
19		19	10550.
<b>Casualty and Theft Losses</b>		20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	
20		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions.	
	UNION AND PROFESSIONAL DUES	675.	
	EXCESS EDUCATOR EXPENSE	735.	
22	Tax preparation fees		1410.
23	Other expenses - investment, safe deposit box, etc. List type and amount		50.
	SAFE DEPOSIT BOX	192.	
23			192.
24	Add lines 21 through 23	24	1652.
25	Enter amount from Form 1040, line 38	25	182101.
26	Multiply line 25 by 2% (0.02)	26	3642.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
<b>Other Miscellaneous Deductions</b>		28 Other - from list in instructions. List type and amount	
28		28	
<b>Total Itemized Deductions</b>		29 Is Form 1040, line 38, over \$156,900?	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		32029.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

2017 DEPRECIATION AND AMORTIZATION REPORT

SCHEDULE A DEPRECIATION

SCHEDULE A

Asset No.	Description	Date Acquired	Method	Life	Conv	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		HY17	1598.		1598.		0.			0.	0.
	TOTAL SCH A DEPRECIATION						1598.		1598.		0.			0.	0.

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**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

Go to [www.irs.gov/ScheduleC](http://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

**2017**

Attachment  
Sequence No. 09

Name of proprietor: **JOSEPH L. STOKES**

Social security number (SSN): [REDACTED]

A Principal business or profession, including product or service (see instructions): **CONSULTING**

B Enter code from instructions: **611000**

C Business name. If no separate business name, leave blank.

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

E Business address (including suite or room no.)  
City, town or post office, state, and ZIP code

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify)

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses  Yes  No

H If you started or acquired this business during 2017, check here

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)  Yes  No

J If "Yes," did you or will you file required Forms 1099?  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <b>STATEMENT 12</b>	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 gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	646.

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
25				26	Wages (less employment credits)	26	
26				27 a	Other expenses (from line 48)	27a	
27 a				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	0.	28		28	0.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	646.	29		29	646.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	646.	31		31	646.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.		

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

2017

Attachment Sequence No. 13

Name(s) shown on return

JOSEPH L. & LINDA K. STOKES

2018 JUN 19 PM 12 25

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties

A Did you make any payments in 2017 that would require you to file Form(s) 1099? B If "Yes," did you or will you file required Forms 1099?

1a Physical address of each property (street, city, state, ZIP code) A 1505 N WOODBRIDGE, MUNCIE, IN B 704 BEECHWOOD, MUNCIE, IN C 4824 STEVENS, SARASOTA, FL

Table with columns: 1b Type of Property, 2 Fair Rental Days, Personal Use Days, QJV. Rows A, B, C.

Type of Property:

- 1 Single Family Residence, 2 Multi-Family Residence, 3 Vacation/Short-Term Rental, 4 Commercial, 5 Land, 6 Royalties, 7 Self-Rental, 8 Other (describe)

Income: 3 Rents received, 4 Royalties received. Columns A, B, C.

Expenses:

Table with columns: 5 Advertising, 6 Auto and travel, 7 Cleaning and maintenance, 8 Commissions, 9 Insurance, 10 Legal and other professional fees, 11 Management fees, 12 Mortgage interest paid to banks, etc., 13 Other interest, 14 Repairs, 15 Supplies, 16 Taxes, 17 Utilities, 18 Depreciation expense or depletion, 19 Other (list), 20 Total expenses, 21 Subtract line 20 from line 3, 22 Deductible rental real estate loss.

Summary rows 23a-23e: Total of all amounts reported on line 3, 4, 12, 18, 20 for all properties.

Final calculation rows 24-26: 24 Income, 25 Losses, 26 Total rental real estate and royalty income or (loss).

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

Schedule E (Form 1040) 2017

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

2017

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

JOSEPH L. & LINDA K. STOKES

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Part I Income or Loss From Rental Real Estate and Royalties. Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code) A 2308 PENNSYLVANIA, BRADENTON, FL B 2008 ROSEWOOD, MUNCIE, IN C

Table with 4 columns: Type of Property, Fair Rental Days, Personal Use Days, QJV. Rows A, B, C.

Type of Property:

- 1 Single Family Residence 2 Multi-Family Residence 3 Vacation/Short-Term Rental 4 Commercial 5 Land 6 Royalties 7 Self-Rental 8 Other (describe)

Income: Properties: A B C 3 Rents received 2200. 3900. 4 Royalties received

Expenses: 5 Advertising 4. 6 Auto and travel 7 Cleaning and maintenance 8 Commissions 9 Insurance 630. 309. 10 Legal and other professional fees 80. 80. 11 Management fees 12 Mortgage interest paid to banks, etc. 13 Other interest 14 Repairs 943. 15 Supplies 203. 156. 16 Taxes 1710. 530. 17 Utilities 327. 18 Depreciation expense or depletion 3357. 582. 19 Other (list) 20 Total expenses. Add lines 5 through 19 6307. 2604. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 -4107. 1296. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 3673.

23a Total of all amounts reported on line 3 for all rental properties 23a 30375. 23b Total of all amounts reported on line 4 for all royalty properties 23b 23c Total of all amounts reported on line 12 for all properties 23c 1615. 23d Total of all amounts reported on line 18 for all properties 23d 8717. 23e Total of all amounts reported on line 20 for all properties 23e 30777.

24 Income. Add positive amounts shown on line 21. Do not include any losses 24 3705. 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 3705. 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 26 0.

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

Schedule E (Form 1040) 2017





2017 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RENTAL - 2308 PENNSYLVANIA

SCHEDULE E- 5

Asset No.	Description	Date Acquired	Method	Life	Conv	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		HY16	473.				473.			0.	0.
	TOTAL SCH E DEPRECIATION						473.				473.			0.	0.

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 2018

**SCHEDULE SE  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

▶ Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. 17

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

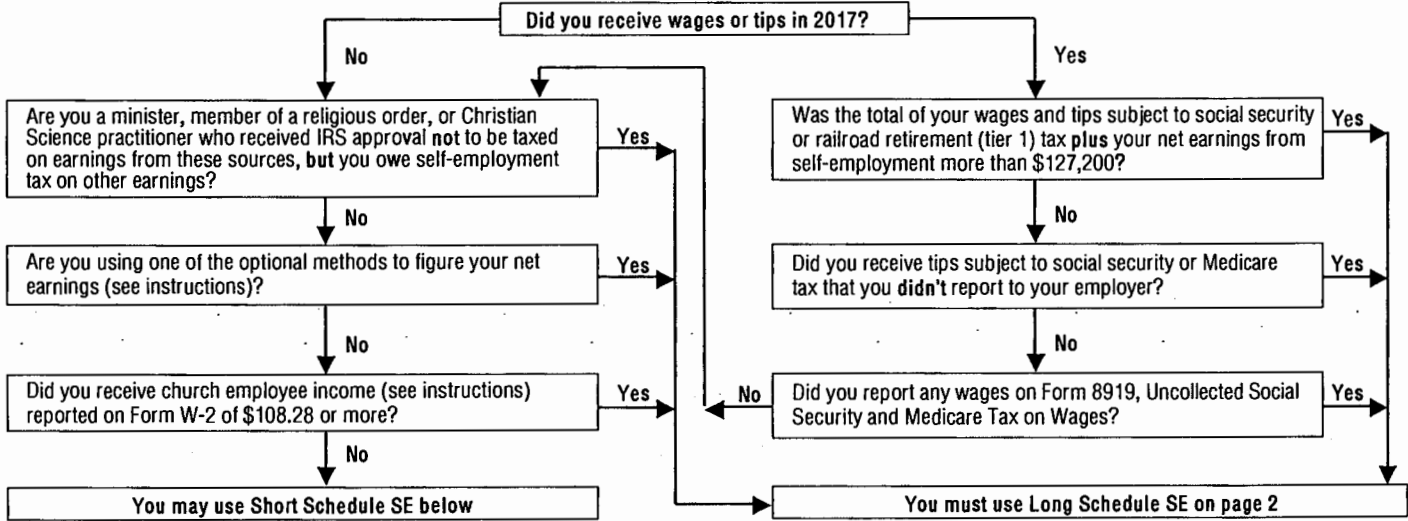
Social security number of person with self-employment income

**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.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
<b>b</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	
<b>2</b> 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 orders, see instructions for types of income to report on this line. See instructions for other income to report <b>STMT 15</b>	2	646.
<b>3</b> Combine lines 1a, 1b, and 2	3	646.
<b>4</b> 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 <b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	597.
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	5	91.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	46.

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

Schedule SE (Form 1040) 2017

**Passive Activity Loss Limitations**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

2018 JUN 19 PM 12 25

Identifying number

**JOSEPH L. & LINDA K. STOKES**

**Part I 2017 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	3705.	
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( 4107 )	
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( 423 )	
1d	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	( )	
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )	
2c	Add lines 2a and 2b	2c	( )	

**All Other Passive Activities**

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( )	
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )	
3d	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 this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 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.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

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	6	150000.
7	Enter modified adjusted gross income, but not less than zero (see instructions) 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.	7	152525.
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	0.

STATEMENT 20

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

**Part IV Total Losses Allowed**

15	Add the income, if any, on lines 1a and 3a and enter the total	15	3705.
16	Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	3705.

SEE STATEMENT 19



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.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c	3705.	-4107.	-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.)**

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

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

Name of activity	Form or schedule 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 FOR WORKSHEET 5				
Total		4498.	1.000000000	825.

**Worksheet 6 - Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	RECEIVED		(c) Allowed loss
		(a) Loss	(b) Unallowed loss	
		2018 JUN 19	PM 12 24	
<b>SEE ATTACHED STATEMENT FOR WORKSHEET 6</b>				
<b>Total</b>		<b>4530.</b>	<b>825.</b>	<b>3705.</b>

**Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed 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, 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					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, 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					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
<b>Total</b>					

**ALTERNATIVE MINIMUM TAX  
Passive Activity Loss Limitations**

Form **8582**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041-9 **PM 12 22**  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

OMB No. 1545-1008

**2017**

Attachment  
Sequence No. **88**

Name(s) shown on return

Identifying number

**JOSEPH L. & LINDA K. STOKES**

**Part I 2017 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	3705.	
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( 4107 )	
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( 423 )	
1d	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	( )	
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )	
2c	Add lines 2a and 2b	2c	( )	

**All Other Passive Activities**

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	( )	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( )	
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )	
3d	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 this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	-825.	
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

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	6	150000.
7	Enter modified adjusted gross income, but not less than zero (see instructions) 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.	7	152525.
8	Subtract line 7 from line 6	8	( )
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	( )
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	0.

**Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	( )
12	Enter the loss from line 4	12	( )
13	Reduce line 12 by the amount on line 10	13	( )
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	( )

**Part IV Total Losses Allowed**

15	Add the income, if any, on lines 1a and 3a and enter the total	15	3705.
16	Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	3705.

**ALTERNATIVE MINIMUM TAX**

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.)**

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c	3705.	-4107.	-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.)**

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

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

Name of activity	Form or schedule 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 FOR WORKSHEET 5				
Total		4498.	1.000000000	825.

**ALTERNATIVE MINIMUM TAX**

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

Page 3

**Worksheet 6 - Allowed Losses (See instructions.)**

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
		4530.	825.	3705.
SEE ATTACHED STATEMENT FOR WORKSHEET 6				

**Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)**

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed 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, 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					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, 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					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
<b>Total</b>					

Form 8582 (2017)



2000 JUN 19 PM 12 24

IN STATE TEACHERS RETIRE FUND

AMOUNT RECEIVED THIS YEAR 6768.  
 NONTAXABLE AMOUNT 633.  
 CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

6135.

IN STATE TEACHERS RETIRE FUND

AMOUNT RECEIVED THIS YEAR 37245.  
 NONTAXABLE AMOUNT 1562.  
 CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

35683.

INDIANA UNIVERSITY HEALTH

AMOUNT RECEIVED THIS YEAR 1365.  
 NONTAXABLE AMOUNT  
 CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

1365.

FLORIDA RETIREMENT SYSTEM

AMOUNT RECEIVED THIS YEAR 12680.  
 NONTAXABLE AMOUNT  
 CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

12680.

STATE FARM LIFE INSURANCE

AMOUNT RECEIVED THIS YEAR 24822.  
 NONTAXABLE AMOUNT 14662.  
 CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

10160.

TRANSAMERICA RETIREMENT SOLUTIONS

AMOUNT RECEIVED THIS YEAR 15000.  
 NONTAXABLE AMOUNT  
 CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

15000.

TOTAL INCLUDED IN FORM 1040, LINE 16B

81023.



RECEIVED

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 3

2018 JUN 13 PM 12:22

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S MANATEE COUNTY SCHOOL BOARD	71106.	8602.			4409.	1031.
<b>TOTALS</b>	<b>71106.</b>	<b>8602.</b>			<b>4409.</b>	<b>1031.</b>

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 4

T S DESCRIPTION	AMOUNT
S MANATEE COUNTY SCHOOL BOARD	8602.
S IN STATE TEACHERS RETIRE FUND	420.
T IN STATE TEACHERS RETIRE FUND	1493.
T TRANSAMERICA RETIREMENT SOLUTIONS	3000.
<b>TOTAL TO FORM 1040, LINE 64</b>	<b>13515.</b>

FORM 1040 CURRENT YEAR ESTIMATES AND AMOUNT APPLIED FROM PREVIOUS YEAR STATEMENT 5

DESCRIPTION	AMOUNT
3RD QTR ESTIMATE PAYMENT - JOINT	10000.
PRIOR YEAR OVERPAYMENT APPLIED - JOINT	4361.
<b>TOTAL TO FORM 1040, LINE 65</b>	<b>14361.</b>

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 6

DESCRIPTION	AMOUNT
INDIANA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	234.
<b>TOTAL TO SCHEDULE A, LINE 5</b>	<b>234.</b>







SCHEDULE A POINTS NOT REPORTED ON FORM 1098 STATEMENT 7

RECEIVED

DESCRIPTION	DATE RE-FINANCED	TOTAL POINTS	AMORT. PERIOD /MOS.	AMORTIZATION THIS YEAR
HOUSE	12/01/12	250.	180	17.
TOTAL TO SCHEDULE A, LINE 12				17.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 8

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS CHURCH		350. 9800.	
SUBTOTALS		10150.	
TOTAL TO SCHEDULE A, LINE 16			10150.

SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 9

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
GOODWILL		400.		
SUBTOTALS		400.		
TOTAL TO SCHEDULE A, LINE 17				400.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 10

DESCRIPTION	AMOUNT	
LONG-TERM CARE INSURANCE PREMIUMS PAID	3432.	
MEDICARE PREMIUMS WITHHELD	2250.	
PRESCRIPTION DRUG COVERAGE INSURANCE WITHHELD	160.	
TOTAL TO SCHEDULE A, LINE 1		5842.



SCHEDULE A	REAL ESTATE TAXES	STATEMENT 11
DESCRIPTION	2019 JUN 19 HP 12 24	AMOUNT
REAL ESTATE TAXES FL		1988.
REAL ESTATE TAXES NC		1556.
TOTAL TO SCHEDULE A, LINE 6		3544.

SCHEDULE C	GROSS RECEIPTS	STATEMENT 12
DESCRIPTION		AMOUNT
MANATEE COUNTY SCHOOL BOARD - FROM 1099-MISC		646.
TOTAL TO SCHEDULE C, LINE 1		646.

SCHEDULE E	OTHER EXPENSES	STATEMENT 13
RESIDENTIAL RENTAL - 1505 N WOODBRIDGE, MUNCIE, IN		
DESCRIPTION		AMOUNT
TRAVEL		288.
REFUND DEPOSITS		789.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19		1077.

SCHEDULE E	OTHER EXPENSES	STATEMENT 14
RESIDENTIAL RENTAL - 704 BEECHWOOD, MUNCIE, IN		
DESCRIPTION		AMOUNT
TRAVEL		225.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19		225.



SCHEDULE SE	NON-FARM INCOME RECEIVED	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 ESTATE - WORKSHEET 1 STATEMENT 16

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RENTAL - 1505 N WOODBRIDGE, MUNCIE, IN	97.	0.		97.	
RESIDENTIAL RENTAL - 704 BEECHWOOD, MUNCIE, IN	1044.	0.		1044.	
RESIDENTIAL RENTAL - 4824 STEVENS, SARASOTA, FL	1268.	0.	-32.	1236.	
RESIDENTIAL RENTAL - 2308 PENNSYLVANIA, BRADENTON, FL	0.	-4107.	-391.		-4498.
RESIDENTIAL RENTAL - 2008 ROSEWOOD, MUNCIE, IN	1296.	0.		1296.	
TOTALS	3705.	-4107.	-423.	3673.	-4498.

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 17

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
RESIDENTIAL RENTAL - 2308 PENNSYLVANIA, BRADENTON, FL	SCH E	4498.	1.000000000	825.
TOTALS		4498.	1.000000000	825.



FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 18

2012 JUN 19 PM 12 24

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
RESIDENTIAL RENTAL - 4824 STEVENS, SARASOTA, FL	SCH E	32.	0.	32.
RESIDENTIAL RENTAL - 2308 PENNSYLVANIA, BRADENTON, FL	SCH E	4498.	825.	3673.
<b>TOTALS</b>		<b>4530.</b>	<b>825.</b>	<b>3705.</b>

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 19

A NAME	FORM OR SCHEDULE	PRIOR YEAR GAIN/LOSS	C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X RESIDENTIAL RENTAL - 1505 N WOODBRIDGE,	SCH E	97.		97.		
X RESIDENTIAL RENTAL - 704 BEECHWOOD,	SCH E	1044.		1044.		
X RESIDENTIAL RENTAL - 4824 STEVENS,	SCH E	1268.	-32.	1236.		
X RESIDENTIAL RENTAL - 2308 PENNSYLVANIA,	SCH E	-4107.	-391.	-4498.	825.	3673.
X RESIDENTIAL RENTAL - 2008 ROSEWOOD, MUNCIE,	SCH E	1296.		1296.		
<b>TOTALS</b>		<b>-402.</b>	<b>-423.</b>	<b>-825.</b>	<b>825.</b>	<b>3673.</b>
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						32.
<b>TOTAL TO FORM 8582, LINE 16</b>						<b>3705.</b>



FORM 8582

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STATEMENT 20

2019 JUN 19 PM 12 22

INCOME

WAGES, SALARIES, TIPS ETC.		71106.
DIVIDEND INCOME		
TAXABLE REFUNDS		
ALIMONY RECEIVED		
TAXABLE IRA DISTRIBUTIONS		
TAXABLE PENSIONS AND ANNUITIES		81023.
UNEMPLOYMENT COMPENSATION		
OTHER INCOME		

INTEREST INCOME  
 ADD: SERIES EE AND I EXCLUSION

BUSINESS INCOME OR LOSS	646.	
ADD: PASSIVE LOSSES		
SUBTRACT: PASSIVE INCOME		
		646.

SALE OF ASSETS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		

RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS	0.	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES	3705.	
SUBTRACT: PASSIVE INCOME	-3705.	
		0.

FARM OR FARM RENTAL INCOME OR LOSS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		

TOTAL INCOME		152775.
--------------	--	---------

ADJUSTMENTS

MOVING EXPENSES		
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION		
PENALTY ON EARLY WITHDRAWAL OF SAVINGS		
ALIMONY PAID		
401(K)/ROTH/SEP DEDUCTION		
OTHER ADJUSTMENTS	250.	

TOTAL ADJUSTMENTS		250.
-------------------	--	------

TOTAL TO FORM 8582, LINE 7		152525.
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FORM 8582

ALTERNATIVE MINIMUM TAX ADJUSTED  
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 21

JUN 13 PM 12:24

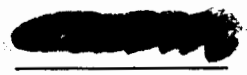
NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RENTAL - 1505 N WOODBRIDGE, MUNCIE, IN	97.	0.		97.	
RESIDENTIAL RENTAL - 704 BEECHWOOD, MUNCIE, IN	1044.	0.		1044.	
RESIDENTIAL RENTAL - 4824 STEVENS, SARASOTA, FL	1268.	0.	-32.	1236.	
RESIDENTIAL RENTAL - 2308 PENNSYLVANIA, BRADENTON, FL	0.	-4107.	-391.		-4498.
RESIDENTIAL RENTAL - 2008 ROSEWOOD, MUNCIE, IN	1296.	0.		1296.	
<b>TOTALS</b>	<b>3705.</b>	<b>-4107.</b>	<b>-423.</b>	<b>3673.</b>	<b>-4498.</b>

FORM 8582

ALTERNATIVE MINIMUM TAX  
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 22

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
RESIDENTIAL RENTAL - 2308 PENNSYLVANIA, BRADENTON, FL	SCH E	4498.	1.000000000	825.
<b>TOTALS</b>		<b>4498.</b>	<b>1.000000000</b>	<b>825.</b>



FORM 8582

ALTERNATIVE MINIMUM TAX RECEIVED  
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 23

NAME OF ACTIVITY	FORM OR SCHEDULE	CURRENT YEAR		ALLOWED LOSS
		LOSS	UNALLOWED LOSS	
RESIDENTIAL RENTAL - 4824 STEVENS, SARASOTA, FL	SCH E	32.	0.	32.
RESIDENTIAL RENTAL - 2308 PENNSYLVANIA, BRADENTON, FL	SCH E	4498.	825.	3673.
<b>TOTALS</b>		<b>4530.</b>	<b>825.</b>	<b>3705.</b>

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 24

RE A NAME	FORM OR SCHEDULE	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X RESIDENTIAL RENTAL - 1505 N WOODBRIDGE,	SCH E		97.		
X RESIDENTIAL RENTAL - 704 BEECHWOOD,	SCH E		1044.		
X RESIDENTIAL RENTAL - 4824 STEVENS,	SCH E	-32.	1236.		
X RESIDENTIAL RENTAL - 2308 PENNSYLVANIA,	SCH E	-391.	-4498.	825.	3673.
X RESIDENTIAL RENTAL - 2008 ROSEWOOD, MUNCIE,	SCH E		1296.		
<b>TOTALS</b>		<b>-423.</b>	<b>-825.</b>	<b>825.</b>	<b>3673.</b>

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME 32.

TOTAL TO FORM 8582AMT, LINE 16 3705.

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return**

**2017**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

Due April 17, 2018

from [redacted] to **2018 JUN 19 PM 12 22**

Your Social Security Number

Spouse's Social Security Number

[redacted] [redacted]

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name Initial Last name Suffix

**JOSEPH L STOKES**

If filing a joint return, spouse's first name Initial Last name Suffix

**LINDA K STOKES**

Present address (number and street or rural route)

**351 HERNANDO AVE.**

Place "X" in box if you are married filing separately.

City State Zip/Postal code  
**SARASOTA FL 34243**

Foreign country 2-character code (see instructions)

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2017.

County where you lived 00 County where you worked 00 County where spouse lived 00 County where spouse worked 00

**Round all entries**

1. Complete Schedule A first. Enter here the amount from Section 3, line 37B, and enclose Schedule A _____	<b>Indiana Income</b>	1	2437.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____	<b>Indiana Add-Backs</b>	2	189.00
3. Add line 1 and line 2 _____		3	2626.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____	<b>Indiana Deductions</b>	4	.00
5. Subtract line 4 from line 3 _____		5	2626.00
6. You must complete Schedule D. Enter amount from Schedule D, line 7, and enclose Schedule D _____	<b>Indiana Exemptions</b>	6	52.00
7. Subtract line 6 from line 5 _____	<b>Indiana Adjusted Gross Income</b>	7	2574.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323) (if answer is less than zero, leave blank) _____		8	83.00
9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____		9	.00
10. Other taxes. Enter amount from Schedule E, line 4 (enclose sch.) _____		10	.00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____	<b>Indiana Taxes</b>	11	83.00







Name(s) shown on Form IT-40PNR

RECEIVED  
Your Social Security Number  
2018 JUN 19 PM 12:22

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.

		Column A Income from Federal Return		Column B Income 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 _____	3A	.00	3B	.00
4. 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
7. 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
11. 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
18. 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 _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20. _____	21A	182397.00	21B	2437.00



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Proration Section See instructions.

21C. Note: Nonresident military personnel see special instructions on page 15.  
and complete worksheet. \_\_\_\_\_ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 6 \_\_\_\_\_ 21D .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.

		Column A Federal Adjustments		Column B Indiana Adjustments
22. Educator expenses (see instructions) _____	22A	250.00	22B	.00
23. Certain business expenses of reservists, 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



Name(s) shown on Form IT-40PNR

JOSEPH L & LINDA K STOKES

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Your Social Security Number

2018 JUN 13 PM 12 22

[REDACTED SOCIAL SECURITY NUMBER]

Round all entries

1. Tax add back: certain taxes deducted from federal Schedules C, C-EZ, E and/or F _____	1	0.00
2. OOS 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 _____ code no. _____	5a	.00
b. Enter add-back name _____ code no. _____	5b	.00
c. Enter add-back name _____ code no. _____	5c	.00
d. Enter add-back name _____ code no. _____	5d	.00
e. Enter add-back name _____ code no. _____	5e	.00
f. Enter add-back name _____ code no. _____	5f	.00
g. Enter add-back name _____ code no. _____	5g	.00
h. Enter add-back name _____ code no. _____	5h	.00
i. Enter add-back name _____ code no. _____	5i	.00
j. Enter add-back name _____ code no. _____	5j	.00
k. Enter add-back name _____ code no. _____	5k	.00
l. Enter add-back name _____ code no. _____	5l	.00
m. Enter add-back name _____ code no. _____	5m	.00
n. Enter add-back name _____ code no. _____	5n	.00
o. Enter add-back name _____ code no. _____	5o	.00
6. Add lines 1 through 5. Enter total here and on Form IT-40PNR, line 2 <b>Total Indiana Add-Backs</b>	6	189.00



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Name(s) shown on Form IT-40PNR

Your Social Security Number

JOSEPH L. & LINDA K STOKES

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[REDACTED]

Round all entries

1. Number of exemptions claimed on your federal return	2	x \$1000	1	2000.00
• If you did not claim an exemption on your federal return, enter "1" in the box above. • See instructions if you did not file a federal return.				
2. Claim an additional exemption for certain dependent 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 31, 2017				
You were age 65 or older	<input checked="" type="checkbox"/>	and/or blind		
Spouse was 65 or older	<input checked="" type="checkbox"/>	and/or blind		
Total number of boxes with Xs	2	x \$1000	3	2000.00
4. If age 65 or older, enter amount from Schedule A, line 37A \$		182101		
If this amount is less than \$40,000, place "X" in box(es) below if:				
You were age 65 or older				
Spouse was 65 or older				
Total number of boxes with Xs		x \$500	4	.00
5. Add lines 1, 2, 3 and 4			5	4000.00
6. Enter the number from Schedule A, Proration Section, line 21D			6	.013
7. Multiply line 5 by line 6. Enter here and on Form IT-40PNR, line 6		<b>Total Exemptions</b>	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 Schedule IN-H			2	.00
3. Recapture of Indiana's CollegeChoice 529 credit. Enclose Schedule IN-529R			3	.00
4. Add lines 1 through 3. Enter here and on Form IT-40PNR, line 10		<b>Total Other Taxes</b>	4	.00



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**Schedule H Section 1: Residency Information**

(Complete Section 2: Additional Information on back)

**2017**

Name(s) shown on Form IT-40PNR

Your Social Security Number

JOSEPH L & LINDA K STOKES

**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2017. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

<u>Example</u>								
State of Residence	Date From (MM/DD)			Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
IL	01	01	2017	06	01	2017	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IN	06	02	2017	12	31	2017	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**Your information**

	(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
1A	FL	01	01	2017	12	31	2017	Yes	No <input checked="" type="checkbox"/>
1B				2017			2017	Yes	No
1C				2017			2017	Yes	No
1D				2017			2017	Yes	No

**Spouse's information if married filing jointly**

	(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
2A	FL	01	01	2017	12	31	2017	Yes	No <input checked="" type="checkbox"/>
2B				2017			2017	Yes	No
2C				2017			2017	Yes	No
2D				2017			2017	Yes	No

Turn over to complete Section 2



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**Section 2: Additional Information**

**1. Federal filing information**

Are you filing a federal income tax return for 2017? Place "X" in appropriate box. Yes  No

**2. Extension of time to file**

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

**3. Farm / Fishing income**

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

**4. Date of death**


If any individual listed at the top of the IT-40PNR died *during* 2017, enter date of death (MM/DD).

Taxpayer's date of death                      2017                      Spouse's date of death                      2017

**Authorization** Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

**5. Your daytime**

telephone number 

**Your email**

address                      LLINTEACH@MSN.COM

I authorize the Department to discuss my return with my personal representative.

Paid Preparer: Firm's Name (or yours if self-employed)

Yes  No  If yes, complete the information below.

DRUMM AND COMPANY

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

JEAN DRUMM CPA

PTIN 

Telephone number                      7652811160

Address 312 W. MAIN STREET

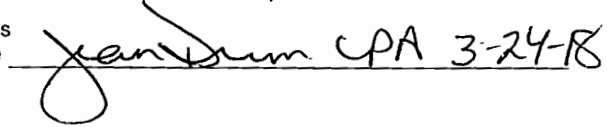
Address 312 W. MAIN STREET

City                      MUNCIE

City                      MUNCIE

State                      IN                      Zip Code                      47305

State                      IN                      Zip Code                      47305

Preparer's signature  Jean Drumm CPA 3-24-18

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

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

Customer service telephone number: (888) 286-3544

RECIPIENT'S name and address

LINDA K STOKES  
351 HERNANDO AVE  
SARASOTA FL 34243

1 Gross distribution \$ 6,767.96		2a Taxable amount \$ 6,134.72		OMB No. 1545-0117 <b>2017</b> Form 1099-R Distribution: From Pensions Annuities Retirement or Profit-Sharing Plans, IRAs Insurance Contracts, etc
2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>		
3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 420.00		
5 Employee contributions / Designated Roth contributions or insurance premiums \$ 633.24		6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		COPY 2 File this copy with your state city, or local income tax return, where required
9a Your percentage of total distribution %	9b Total employee contributions \$			
10 Amount allocable to RRR within 5 years \$		11 1st year of desig. Roth contrib. \$		FATCA filing requirement <input type="checkbox"/>
12 State tax withheld \$		13 State/Payer's state no. ██████████	14 State distributor \$ 6,134.72	
15 Local tax withheld \$		16 Name of locality ██████████		17 Local distributor \$

PAYER'S Federal ID number ██████████	RECIPIENT'S ID number ██████████	Account number (see instructions) TRF02M ██████████
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FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service



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Control Number		1 Wages, tips, other compensation 71105.76	2 Federal income tax withheld 8602.29
OMB NO: 1545-0048		3 Social security wages 71105.76	4 Social security tax withheld 4408.56
		5 Medicare wages and tips 71105.76	6 Medicare tax withheld 1031.03
Employer's name, address and ZIP code HABATON COUNTY SCHOOL BOARD PO BOX 9003 BRADENTON FL 34205-9003			
7 Social security tips	8 Allocated tips	9 Verification code	
10 Dependent care benefits	11 Nonqualified plans	12a C 1643.53	
12b DD 7803.60	12c	12d	
b Employer identification number (EIN)		a Employee's social security number	
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
e Employee's name, address and ZIP code LINDA K STOKES 351 HERNANDO AVE SARASOTA FL 34243			
2017	16 State Employer's state ID No. FL	16 State wages, tips, etc.	
FORM W-2 Wage and Tax Statement		17 State income tax	18 Local wages, tips, etc.
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.		19 Local income tax	20 Locality name
Department of the Treasury - Internal Revenue Service			

FORM 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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

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

Customer service telephone number: (888) 286-3544

RECIPIENT'S name and address

JOSEPH L STOKES  
351 HERNANDO AVE  
SARASOTA FL 34243

1 Gross distribution \$ 37,245.24	2a Taxable amount \$ 35,683.08	OMB No. 1545-0119 2017 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
3 Capital gain (Included in box 2a)	4 Federal income tax withheld \$ 1,493.29	COPY 2 File this copy with your state, city, or local income tax return, when required.
5 Employee contributions / Designated Roth contributions or insurance premiums \$ 1,562.16	6 Net unrealized appreciation in employer's securities	
7 Distribution code(s) 7	8 Other <input type="checkbox"/>	
9a Your percentage of total distribution %	9b Total employee contributions \$	FATCA filing requirement <input type="checkbox"/>
10 Amount allocable to RRR within 5 years \$	11 1st year of design Roth contrib.	
12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$ 35,683.08
15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

PAYER'S Federal ID number	RECIPIENT'S ID number	Account number (see instructions)
		TRF02M

FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>TRANSAMERICA RETIREMENT SOLUTIONS</b> <b>4333 EDGEWOOD ROAD N.E.</b> <b>CEDAR RAPIDS, IA 52499</b>			<b>1 Gross distribution</b> <b>\$15,000.00</b>	OMB No. 1545-0119 <b>2017</b> Form 1099-R	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
<b>FOR QUESTIONS CALL 888-258-3422</b>			<b>2a Taxable amount</b> <b>\$15,000.00</b>	<b>2b Taxable amount not determined</b> <input type="checkbox"/> <b>Total distribution</b> <input type="checkbox"/>	
<b>PAYER'S federal identification number</b> [REDACTED]	<b>RECIPIENT'S identification number</b> [REDACTED]		<b>3 Capital gain (included in box 2a)</b>	<b>4 Federal income tax withheld</b> <b>\$3,000.00</b>	
<b>RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code</b> <b>STOKES JOSEPH L</b> <b>351 HERNANDO AVE</b> <b>SARASOTA, FL 34243</b>			<b>5 Employee contributions/Designated Roth contributions or insurance premiums</b>	<b>6 Net unrealized appreciation in employer's securities</b>	
			<b>7 Distribution code(s)</b> 7 <input type="checkbox"/> IRA / SEP / SIMPLE <input type="checkbox"/>	<b>8 Other</b> %	
			<b>9a Your percentage of total distribution</b> %	<b>9b Total employee contributions</b>	
			<b>12 State tax withheld</b>	<b>13 State/Payer's state no.</b> FL	
<b>10 Amount allocable to IRR within 5 years</b>	<b>11 1st year of desig. Roth contrib.</b>	<b>FATCA filing requirement</b> <input type="checkbox"/>	<b>15 Local tax withheld</b>	<b>16 Name of locality</b>	
<b>Account number (see instructions)</b> [REDACTED]				<b>17 Local distribution</b>	

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

This information is being furnished to the Internal Revenue Service.

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

RECEIVED

2018 JUN 19 PM 12 23

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2017

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>LINDA K STOKES</b>		Box 2. Beneficiary's Social Security Number 
Box 3. Benefits Paid in 2017 <b>*\$22,980.00</b>	Box 4. Benefits Repaid to SSA in 2017 <b>NONE</b>	Box 5. Net Benefits for 2017 (Box 3 minus Box 4) <b>\$22,980.00</b>

<b>DESCRIPTION OF AMOUNT IN BOX 3</b> Paid by check or direct deposit \$22,980.00 Benefits for 2017 \$22,980.00	<b>DESCRIPTION OF AMOUNT IN BOX 4</b> NONE
	Box 6. Voluntary Federal Income Tax Withheld <b>NONE</b>
	Box 7. Address <b>LINDA K STOKES 351 HERNANDO AVE SARASOTA FL 34243-2031</b>
	Box 8. Claim Number (Use this number if you need to contact SSA.) 

\*Includes:  
\$115.00 paid in 2017 for 2016

CU2533398-11131267041-7

CU2533398-11131267041-7

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 12,679.68	OMB No. 1545-0119  <b>2017</b>		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  RECEIVED JUN 10 2017  Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.  This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number [REDACTED] RECIPIENT'S identification number [REDACTED]		2a Taxable amount \$ 12,679.68	Form 1099-R 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name  JOSEPH L STOKES 351 HERNANDO AVE SARASOTA, FL 34243-2031		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 0.00		
		5 Employee contributions /Designated Roth contributions or insurance premiums \$ 0.00	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$ 0.00		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions) [REDACTED]			15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. MANATEE COUNTY SCHOOL BOARD PO BOX 9069 BRADENTON FL 34206-9069 941 7088770		1 Rents	OMB No. 1545-0115  <b>2017</b>		Miscellaneous Income  Copy B For Recipient  This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S federal identification number [REDACTED] RECIPIENT'S identification number [REDACTED]		2 Royalties	Form 1099-MISC		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code JOSEPH L STOKES 351 HERNANDO AVENUE SARASOTA FL 342430000		3 Other income	4 Federal income tax withheld		
Account number (see instructions) [REDACTED]		5 Fishing boat proceeds	6 Medical and health care payments		
FATCA filing requirement		7 Nonemployee compensation 646.00	8 Substitute payments in lieu of dividends or interest		
11		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds		
12		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
15a Section 408A deferrals	15b Section 408A income	16 State tax withheld	17 State/Payer's state no.	18 State income	

Form 1099-MISC

(keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

PAYER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>The Northern Trust Company</b> Benefit Payment Services C-2N 50 S. LaSalle St. Chicago, Illinois 60603 As Paying Agent for:		1 Gross distribution <b>\$1,365.36</b>	OMB No. 1545-0119 <b>2017</b> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  Copy 2 File this copy with your state, city, or local income tax return, when required.
6358 IUHBP INDIANA UNIVERSITY HEALTH BMH-MONTHLY 1-855-738-3710		2a Taxable amount <b>\$1,365.36</b>	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
PAYER'S federal identification number [REDACTED]		3 Capital gain (included in box 2a) <b>\$0.00</b>	4 Federal income tax withheld <b>\$0.00</b>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code  LINDA STOKES 351 HERNANDO AVE SARASOTA FL 34243-2031		5 Emp contrib./Desig. Roth contrib. or Ins. prem. <b>\$0.00</b>	6 Net unrealized appreciation in employer's securities <b>\$0.00</b>		7 Distribution code(s) IRA/SEP/SIMPLE <input type="checkbox"/>
RECIPIENT'S identification number [REDACTED]		8 Other <b>\$0.00</b>		9a Your percentage of total distribution <b>0%</b>	
Account number (see instructions) 63580005726077 N		10 Amount allocable to IRR within 5 years <b>0.00</b>	11 1st year of desig. Roth contrib.	FATCA filing requirement	12 State tax withheld <b>\$0.00</b>
13 State/Payer's state no.		14 State distribution <b>\$0.00</b>	15 Local tax withheld <b>\$0.00</b>		16 Name of locality
17 Local distribution <b>\$0.00</b>					

Substitute Form 1099-R

PAYER'S name, street address, city, state, ZIP code, telephone number <b>State Farm Life Insurance Company</b> Tax Department (D-2) (51) One State Farm Plz Bloomington IL 61710-0001 (888)382-1647				For Tax Year <b>2017</b>	
PAYER'S federal identification number [REDACTED]	Gross distribution <b>24,822.28</b>	2a Taxable amount <b>10,160.12</b>	2b Taxable amount not determined	Total distribution <b>X</b>	3 Capital gain (included in box 2a)
4 Federal income tax withheld <b>0.00</b>	5 Employee contributions /Designated Roth contributions or insurance premiums <b>14,662.16</b>	6 Appreciation in securities	7 Distribution code(s) IRA/SEP <input type="checkbox"/>	8 Other	9a Percentage of distribution
9b Total employee contributions	12 State tax withheld <b>0.00</b>	13 State/Payer's state number <b>FL</b>	RECIPIENT'S identification number [REDACTED]	Tax Qualified type	
RECIPIENT'S name, address, and ZIP code <b>LINDA K STOKES</b> <b>351 HERNANDO AVE</b> <b>SARASOTA FL 34243-2031</b>			AMOUNT REPRESENTS A POLICY GAIN FROM ACCOUNT NUMBER PO [REDACTED].		

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**2017** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

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<b>Box 1. Name</b> JOSEPH L STOKES		<b>Box 2. Beneficiary's Social Security Number</b> [REDACTED]
<b>Box 3. Benefits Paid in 2017</b> *\$11,869.00	<b>Box 4. Benefits Repaid to SSA in 2017</b> NONE	<b>Box 5. Net Benefits for 2017 (Box 3 minus Box 4)</b> \$11,869.00

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4										
<table style="width: 100%;"> <tr> <td>Paid by check or direct deposit</td> <td style="text-align: right;">\$9,459.40</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right;">\$2,250.00</td> </tr> <tr> <td>Medicare Prescription Drug Premiums (Part D) deducted from your benefits</td> <td style="text-align: right;">\$159.60</td> </tr> <tr> <td><b>Total Additions</b></td> <td style="text-align: right;"><b>\$11,869.00</b></td> </tr> <tr> <td><b>Benefits for 2017</b></td> <td style="text-align: right;"><b>\$11,869.00</b></td> </tr> </table>	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	<b>Total Additions</b>	<b>\$11,869.00</b>	<b>Benefits for 2017</b>	<b>\$11,869.00</b>	<p>NONE</p> <hr/> <p><b>Box 6. Voluntary Federal Income Tax Withheld</b></p> <p style="text-align: center;">NONE</p> <hr/> <p><b>Box 7. Address</b></p> <p style="text-align: center;">JOSEPH L STOKES              351 HERNANDO AVE              SARASOTA FL 34243-2031</p> <hr/> <p><b>Box 8. Claim Number (Use this number if you need to contact SSA.)</b></p> <p style="text-align: center;">[REDACTED]</p>
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										
<b>Total Additions</b>	<b>\$11,869.00</b>										
<b>Benefits for 2017</b>	<b>\$11,869.00</b>										

\*Includes:  
 \$47.00 paid in 2017 for 2016

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CI253329-11131267841-1