

FOR OFFICE USE ONLY:

School District Of Manatee County-Elected Constitutional Officer



*****AUTO**MIXED AADC 323 T6 P1 133 1262

DAVID MINER, BOARD MEMBER - DISTRICT 3
523 39TH ST W
BRADENTON FL 34205-2449

ID CODE

ID NO.

CONF. CODE

Miner, David



247510

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: 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 December 31, 20 19 was \$ 730,221.19.

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 \$ _____

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attachment #1 for individually listed Assets & Liabilities	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attachment #1 for individually listed Assets & Liabilities	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

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

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

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

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

PART F - TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

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

STATE OF FLORIDA

COUNTY OF MANATEE

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 11th day of

June, 2020 by Dave "Watchdog" Miner

Linda Holleran
 (Signature of Notary Public--State of Florida)



LINDA HOLLERAN
 Commission # GG 132829
 Expires September 17, 2021
 Bonded-Thru-Budget-Notary Services

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

Personally Known OR Produced Identification

Type of Identification Produced _____

Dave Watchdog Miner
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

COMMISSION ON ETHICS
FINANCIAL DISCLOSURE FORM 6 FOR 2019
DAVE "WATCHDOG" MINER
DISTRICT 3
MANATEE COUNTY SCHOOL BOARD
ATTACHMENT #1
PARTS "B" & "C"

RECEIVED
 12/12/19
 11:00 AM
 MANATEE COUNTY SCHOOL BOARD

PART "B" - INDIVIDUALLY LISTED ASSETS

VALUES AS OF 12/31/19 OR AS OTHERWISE NOTED

DESCRIPTION OF ASSETS

**VALUE
 OF
 ASSET**

COMMON STOCKS & MUTUAL FUNDS

NAME	CLASS	#OF SHARES	JUST VALUE PER SHARE	TOTAL JUST VALUE
GENERAL ELECTRIC	C	500.00	8.22	5,580.00
WABTEC		2.00	78.06	156.06
INTEL	C	200.00	59.85	11,970.00
SCHWAB CASH Or MM FUNDS		980.85	1.00	980.85
MERRILL LYNCH READY WELLS FARGO ADVISORS		0.00		0.00
MONEY MARKET & CASH		4,800.12	1.00	4,800.12

12/31/19
 12/31/19
 12/31/19

SUB-TOTAL COMMON STOCKS & MUTUAL FUNDS **\$23,487.03**

HOME & OTHER REALTY- 2019

HOME 216 46TH ST. N.W. BRADENTON, FL 320,000.00

5 ACRES IN DESOTO COUNTY, FL
 PARCEL #35-37-25-0010-0000 -09 20,000.00

SUB-TOTAL HOME & OTHER REALTY **\$340,000.00**

MISCELLANEOUS ASSETS

LAW PRACTICE 70,000.00

CASH 6,000.00

2011 TOYOTA CAMRY 6,500.00

LIFE INSURANCE NET CASH VALUE -
 NORTHWESTERN MUTUAL 10,503.97

LIFE INSURANCE NET CASH VALUE -
 USAA LIFE INSURANCE POLICIES

NET CASH VALUE - 66,605.53

SUB-TOTAL MISCELLANEOUS ASSETS **\$153,609.50**

IRA'S AND SIMPLIFIED EMPLOYEE PENSION ACCOUNTS

MERRILL LYNCH ROTH SEP ACCOUNT - AS 12/31/19

58.6845 SHARES OF CS IN ABBOTT LABS @ 86.80 5,097.34

ETHICS FORM 6 - ATTACHMENT #1 ASSETS & LIABILITIES - 2019
 Manatee County School Board, District 3
 Dave "Watchdog" Miner
 Page 3

RECEIVED
 JUN 12 2019
 11:00 AM
 COUNTY CLERK
 MANATEE COUNTY, FLORIDA

121.1356 SHARES OF ABBVIE @ 128.629	10,725.351
156.6825 SHARES OF CS IN AT&T @ 39.08	6,123.15
55.7535 SHARES OF CENTURYLINK, INC. @ 13.21	736.50
20.1767 SHARES OF CHEMOURS CO SHS @ 18.09	365.00
16.2178 SHARES OF CITIGROUP @ 79.89	1,295.64
89.2330 SHARES OF COMCAST@ 44.97	4,012.81
26.2574 SHARES OF DOW DUPONT @ 64.20	1,685.73
17.0117 SHARES OF DXC TECHNOLOGY @ 37.59	639.47
118.0368 SHARES OF ELI LILY @ 131.43	15,513.58
115.4161 SHARES OF FOOTLOCKER @ 38.99	4,500.67
598.5254 SHARES OF FORD MOTOR @ 9.30	5,566.28
2.2858 SHARES OF FRONTIER COMM.@ 2.48	2.04
208.1363 SHARES OF HEWLETT PACKARD(HPE) @ 15.86	3,301.04
110.4778 SHARES OF HP INC. (HPQ) @ 20.35	2,270.32
119.4122 SHARES OF INTEL @ 59.85	7,146.82
122.8505 SHARES OF INTELLIGENCE SYSTEMS CORP@39.84	4,906.65

REC'D
 2/21/2019 12:11:10 PM
 Manatee County School Board
 1000 1st St N
 Manatee, FL 34457

203.5115 SHARES OF KELLOGG @ 69.16	14,074.85
23.0165 SHARES OF MICRO FOCUS @ 14.03	322.92
55.030 SHARES OF MOTOROLA SOLUTIONS @ 161.144	8,959.87
3.2062 SHARES OF NEWS CORP @ 14.14	22.71
8.0058 SHARES OF PERSPECTA INC @ 40.71	211.67
118.2495 SHARES OF PFIZER, INC. @ 39.15	4,633.01
8.0710 SHARES OF TRAVELERS @ 136.955	1,105.32
14.7304 SHARES OF TWENTY-FIRST CENTURY @ 35.153	708.83
56.109 SHARES OF VERIZON COMMUNICATION@ 708.83	3,450.12
CASH/MONEY MARKET	217.06

SUB-TOTAL MERRILL LYNCH ROTH SEP ACCOUNT 12/31/19 \$109,885.66

CHARLES SCHWAB ROTH SEP ACCOUNT 2019

CASH, MONEY MARKET	121.00
143.8129 SHARES OF AT&T NEW AT 39.08	5,620.21
7.9084 SHARES OF IN AMERICAN INTL GROUP AT 51.33	405.94
77.5512 SHARES OF CS IN BRISTOL MYERS AT 64.19	4,978.01

PRICE
2019 JUN 12 10:10 AM
SCHOOL BOARD DISTRICT 3
1000 W. UNIVERSITY BLVD
TALLAHASSEE, FL 32304

50 SHARES OF CS IN CIRRUS LOGIC AT 82.41	4,120.56
.8252 SHARES OF CS IN COCA COLA AT 55.35	45.67
33.6309 SHARES OF CS IN DISNEY @ 144.63	4,865.34
87 SHARES OF HELIX ENERGY SOLUTION @ 9.63	837.31
72.5964 SHARES OF INTEL @ 59.85	4,120.50
33.5248 SHARES OF CS JUNIPER NETWORKS @ 24.63	825.72
88.5663 SHARES CS OF PFIZER @ 39.18	3,470.03
52.1124 SHARES OF PROCTOR & GAMBLE @ 124.90	6,508.84
27.00 SHARES OF VERIZON COMMUNICATION @ 61.40	1,657.80
56 ADR CS OF VODAFONE GROUP NEW ADR @ 19.33	1,082.48
28.7709 SHARES OF WALGREEN @ 58.96	1,696.33
14.1659 SHARES CS IN WESTERN DIGITAL @ 63.47	899.11
22.4507 SHARES OF CS ZIMMER HOLDINGS @ 149.68	3,360.92
215.0170 SHARES OF BARON GROWTH FUND @ 82.66	17,773.31
113.574 SHARES JANUS WORLDWIDE FUND @ 84.22	9,565.20
6.1890 SHARES OF SCHWAB S&P 500 @ 49.391	305.67
9.4730 SHARES OF CS TOUCHSTONE FOCUS FD @ 45.61	432.06

RECEIVED
 2020/07/12 7:10:10
 MANATEE COUNTY SCHOOL BOARD

3.0 SHARES OF AMERICAN INTL GRO 21 WTS @ 10.28 30.84

SUB-TOTAL SCHWAB ROTH SEP ACCOUNT -2019 **\$73,126.73**

SCHWAB SEP-IRA ACCOUNT

CASH 12/31/198 112.27

SUB-TOTAL IRA CONTRIBUTORY ACCOUNT **\$112.27**

TOTAL OF INDIVIDUALLY LISTED ASSETS 2019: **\$700,221.19**

Household Goods and personal effects \$ 30,000.00

TOTAL ASSETS 12/31/19: **\$730,221.19**

PART "C" - LIABILITIES

DESCRIPTION OF LIABILITIES

AMOUNT OF
 LIABILITIES

TOTAL OF LIABILITIES: **\$0.00**

Department of the Treasury
Internal Revenue Service

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) **00652249 4**

Taxpayer's name DAVID W MINER	Social security number
Spouse's name MARSHA L MINER	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1 Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	-26,096
2 Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	1,810
4 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	2,410
5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize A Tax Shelter ERO firm name to enter or generate my PIN Enter five digits, but don't enter all zeros as my signature on my tax year 2019 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature *David W. Miner* Date 06/11/2020

Spouse's PIN: check one box only

I authorize A Tax Shelter ERO firm name to enter or generate my PIN Enter five digits, but don't enter all zeros as my signature on my tax year 2019 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature *Marsha L Miner* Date 06/11/2020

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature Nancy R Mowers *Nancy R Mowers* Date 06/11/2020

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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

OMB No. 1545-0074

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

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

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

Your first name and middle initial DAVID W	Last name MINER	Your social security number
If joint return, spouse's first name and middle initial MARSHA L	Last name MINER	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 523 39TH STREET W		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BRADENTON FL 34205		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ■ here ■ <input type="checkbox"/>		

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ■ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	38,242
2a Tax-exempt interest	2a	2b Taxable interest. Attach Sch. B if required	
3a Qualified dividends	3a	3b Ordinary dividends. Attach Sch. B if required	
4a IRA distributions	4a	4b Taxable amount	
c Pensions and annuities	4c	4d Taxable amount	
5a Social security benefits	5a 35,591	5b Taxable amount	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		6	
7a Other income from Schedule 1, line 9		7a	-64,338
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income		7b	-26,096
8a Adjustments to income from Schedule 1, line 22		8a	
b Subtract line 8a from line 7b. This is your adjusted gross income		8b	-26,096
9 Standard deduction or itemized deductions (from Schedule A)	9 27,000	11a	27,000
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10 0	11b	0
11a Add lines 9 and 10			
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			

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

Form **1040** (2019)

BCA

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	
b	Add Schedule 2, line 3, and line 12a and enter the total		12b
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total		13b
14	Subtract line 13b from line 12b. If zero or less, enter -0-		14
15	Other taxes, including self-employment tax, from Schedule 2, line 10		15
16	Add lines 14 and 15. This is your total tax		16
17	Federal income tax withheld from Forms W-2 and 1099		17
			1,810
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	900
e	Add lines 18a through 18d. These are your total other payments and refundable credits		18e
			900
19	Add lines 17 and 18e. These are your total payments		19
			2,710
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid		20
			2,710
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here		21a
			2,410
b	Routing number	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	300
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions.		23
24	Estimated tax penalty (see instructions)	24	

Refund

Direct deposit?
See instructions.

Amount You Owe

Third Party Designee

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

(Other than paid preparer)

Designee's name Nancy R Mowers Phone no. 941-748-8242 Personal identification number (PIN)

Sign Here

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

Joint return?
See instructions
Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ATTORNEY-AT-LAW	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		RETIRED	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Nancy Mowers	Nancy Mowers	06/11/2020	P00101847	
Firm's name <input checked="" type="checkbox"/> A Tax Shelter	Phone no. 941-748-8242			
Firm's address <input checked="" type="checkbox"/> 208 61st Street NW Bradenton FL 34209			Firm's EIN <input checked="" type="checkbox"/> 65-0683623	

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

■ Attach to Form 1040 or 1040-SR.
■ Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment
Sequence No. **01**

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

DAVID W & MARSHA L MINER

2019 JUL 12 11:10 14

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ■		
3	Business income or (loss). Attach Schedule C	3	-64,338
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ■	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-64,338

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ■		
c	Date of original divorce or separation agreement (see instructions) ■		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

■ Attach to Form 1040 or 1040-SR.

■ Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment
Sequence No. **03**

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

DAVID W & MARSHA L MINER

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	900
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	900

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

Schedule 3 (Form 1040 or 1040-SR) 2019

Schedule A—NOL (see instructions)

RECEIVED

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions)			1	-53,096
2	Nonbusiness capital losses before limitation. Enter as a positive number (see instructions)	2			
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3			
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-	4			
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5			
6	Nonbusiness deductions (see instructions)	6	27,000		
7	Nonbusiness income other than capital gains (see instructions)	7			
8	Add lines 5 and 7	8			
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-	9			27,000
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. But don't enter more than line 5	10			
11	Business capital losses before limitation. Enter as a positive number	11			
12	Business capital gains (without regard to any section 1202 exclusion)	12			
13	Add lines 10 and 12	13			
14	Subtract line 13 from line 11. If zero or less, enter -0-	14			
15	Add lines 4 and 14	15			
16	Enter the loss, if any, from line 16 of your 2019 Schedule D (Form 1040 or 1040-SR). (For estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16			
17	Section 1202 exclusion. Enter as a positive number (see instructions)	17			
18	Subtract line 17 from line 16. If zero or less, enter -0-	18			
19	Enter the loss, if any, from line 21 of your 2019 Schedule D (Form 1040 or 1040-SR). (For estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number	19			
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-	20			
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-	21			
22	Subtract line 20 from line 15. If zero or less, enter -0-	22			
23	Domestic production activities deduction from your 2019 return (see instructions)	23			
24	NOL deduction for losses from other years. Enter as a positive number	24			
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you don't have an NOL	25			-26,096

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor
DAVID W MINER

Social security number (SSN)
12 718 71

A Principal business or profession, including product or service (see instructions)
ATTORNEY AT LAW

B Enter code from instructions
541100

C Business name. If no separate business name, leave blank.
DAVID MINER ATTORNEY AT LAW

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

E Business address (including suite or room no.) **523 39TH STREET W**
City, town or post office, state, and ZIP code **Bradenton FL 34205**

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

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses. Yes No

H If you started or acquired this business during 2019, check here

I Did you make any payments in 2019 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 <input type="checkbox"/>	1	52,022
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	52,022
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	52,022
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 <input checked="" type="checkbox"/>	7	52,022

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

8 Advertising	8	4,543	18 Office expense (see instructions)	18	28,689
9 Car and truck expenses (see instructions)	9	4,127	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	27,159
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	171	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	4,706	23 Taxes and licenses	23	2,171
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	955
b Other	16b	1,446	b Deductible meals (see instructions)	24b	2,138
17 Legal and professional services	17		25 Utilities	25	4,635
			26 Wages (less employment credits)	26	28,289
			27a Other expenses (from line 48)	27a	7,331
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a <input checked="" type="checkbox"/>	28	116,360
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-64,338
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	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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	-64,338

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 **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, 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 All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation. Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

ADVANCED COSTS	970
DUES & SUBSCRIPTIONS	2,866
PHONE	1,998
CLIENT COSTS	2
SEMINARS	92
PUBLICATIONS	1,403
48 Total other expenses. Enter here and on line 27a	7,331

W-2 DETAIL REPORT - 2019

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
MANATEE COUNTY SCHHOL BO	59-6000728	X	38242	1810	2450	573	FL	38242			
			-----	-----	-----	---		-----			
			38242	1810	2450	573		38242			

REPORT
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US

Estimated Tax Payments Made for the Current Tax Year

2019

Name: DAVID W & MARSHA L MINER

SSN:

Federal Estimated Tax Payments

Table with 7 columns: See note below, Date of payment, Amount of payment, Towards 04/15/2019 payment, Towards 06/15/2019 payment, Towards 09/15/2019 payment, Towards 01/15/2020 payment. Includes rows for 'From last year', 'D 04/19 1', 'U 06/19 2', 'E 09/19 3' (09/13/2019, 500), '01/20 4' (01/24/2020, 400), and 'Totals' (900).

* Fill in the pay date on Form 2210, page 1.

State Estimated Tax Payments

**The day listed in the date of payment section is the due date for most state estimated tax payments. If your state has different due dates, disregard the date suggested. If payment 1 was paid on or before the date due for payment 1, enter it in payment 1, etc.

* Check the * column if payment 4 was paid before 01/01/2019.

Taxpayer, Joint, or Combined State Return

Table with 8 columns: State, Credit from last year, 04/15/2019 Amount 1, 06/15/2019 Amount 2, 09/15/2019 Amount 3, 01/15/2020 Amount 4, *, Total. Includes a header row and multiple empty rows for state entries.

State and/or local balance due from previous years' returns paid in 2019. Include amounts paid with a 2018 extension paid in 2019.

State and/or local balance due from previous years' returns paid in 2019. Include amounts paid with a 2018 extension paid in 2019.

Last state estimate payment for 2018 paid in 2019 (due January 15, 2019).

Last state estimate payment for 2018 paid in 2019 (due January 15, 2019).

Spouse Filing Married Separate State Tax Return or Second Full Year Resident Stat

Table with 8 columns: State, Credit from last year, 04/15/2019 Amount 1, 06/15/2019 Amount 2, 09/15/2019 Amount 3, 01/15/2020 Amount 4, *, Total. Includes a header row and multiple empty rows for state entries.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return: DAVID W & MARSHA L MINER; Business or activity to which this form relates: SCH C; Identifying number: [redacted]

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Rows 1-5 are summary rows. Row 6 is a table header for (a) Description of property, (b) Cost, and (c) Elected cost. Rows 7-13 are calculation rows.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Rows 14-16.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Rows 17-18.

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Rows 21-23.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No
24b If "Yes," is the evidence written? [X] Yes [] No
Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25
26 Property used more than 50% in a qualified business use:
2011 Toyo 05/27/13 100.0 17,634 17,634 5 200DBHY
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6.
30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.
42 Amortization of costs that begins during your 2019 tax year (see instructions):
43 Amortization of costs that began before your 2019 tax year
44 Total. Add amounts in column (f). See the instructions for where to report

2019 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use	179+ Spec.	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
Form: SCH C																
Rental Property: N/A																
Depreciation Class: N/A																
In Service Year: 1997																
AIR CONDITIO	06/97	6657	100		6657	MACRS	39.0	MM	3420	171	171	1992	166			
In Service Year: 2006																
DELL COMPUTE	01/06	1150	100		1150	MACRS	5.0	HY	1149			978				
Depreciation Class: Autos																
In Service Year: 2013																
2011 Toyota	05/13	17634	100		17634	MACRS	5.0	HY	17634							
Form Totals:		25441			25441				22203	171	171	2970	166			

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