

**CANDIDATE OATH -
JUDICIAL OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

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2018 MAY -1 AM 8:20

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

Candidate Oath

(Section 105.031, Florida Statutes)

I, Linda Singer Stein

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☒. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the judicial office of County Court Judge, 11th,
(Office) (District #) (Circuit #)

22 ; my legal residence is Miami-Dade County, Florida; I am a qualified elector
(Group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 109087812

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

LIN-da SING-er Stine (rhyme: fine)

X Linda Singer Stein
Signature of Candidate

(786) 566-7148 Telephone Number
steinlinda22@yahoo.com Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

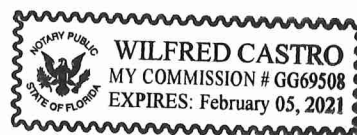
[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 1
day of May, 2018.

Personally Known: _____ or Produced Identification: ☒

Type of Identification Produced: FL - DL



FORM 6X AMENDMENT TO FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME (same as on original Form 6):

Stein, Linda Singer

MAILING ADDRESS:

15555 Biscayne Blvd. #208

CITY: ZIP: COUNTY:

N. Miami, FL 33160, Miami-Dade

THIS FORM AMENDS THE (Choose one)

☒ FORM 6 I FILED FOR THE YEAR: 2017

☐ FORM 6F I FILED FOR THE PERIOD
THROUGH

DURING THAT YEAR, I HELD, OR WAS A CANDIDATE FOR, THE POSITION OF: County Court Judge, Group 22

WITH THIS GOVERNMENTAL AGENCY: 11th Judicial Circuit Court

PART A -- NET WORTH

[Instructions on page 3] If your reported net worth will change because of this amendment, please enter the corrected value of your net worth as of the date used on the original Form 6 or 6F you are seeking to amend, together with that date:

My net worth as of Dec. 31, 2017 was \$ 948,385.78.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS (Instructions on page 3):

If you are amending the value originally reported for household goods and personal effects, please enter the amended value below:

The aggregate value of my household goods and personal effects as of the above date was \$ 2,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET	VALUE OF ASSET
Dodge Journey	9,000
Hyundai Sonata	4,000
Hyundai Elantra	7,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Bank, P.O. Box 901037, Ft. Worth, TX 76101-2037	3,222
Hyundai Motor Finance, P.O. Box 650805, Dallas, TX 75265	4,000

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

If you are filing an amended copy of your federal income tax return, including all W2's, schedules, and attachments, please check here: ☐

PRIMARY SOURCES OF INCOME (Instructions on page 4):

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

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ELECTIONS DEPARTMENT

SECONDARY SOURCES OF INCOME [Major employers, 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 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
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.**PART G — EXPLANATION OF CHANGES**

Listing additional asset on attachment, Section D.

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

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

STATE OF FLORIDA
COUNTY OF

Miami - Dade

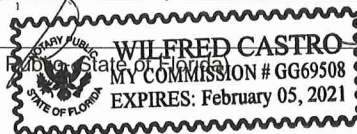
Sworn to (or affirmed) and subscribed before me this

May

2018

by Linda Singer Stein

(Signature of Notary Public)



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

Personally Known OR Produced Identification

Type of Identification Produced FL. DL

Linda Singer Stein
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 6X 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.**INSTRUCTIONS FOR COMPLETING and FILING FORM 6X:****PARTS A through F:**

Use these sections of the form to report the new information you believe should have been reported on your original Form 6 or 6F, continuing on a separate sheet if necessary. **Instructions for individual sections are found on pages 3-5, attached.**

PART G:

Use this section of the form to explain the changes in your original Form 6 or 6F.

OATH:

All information on this form should be submitted under oath.

WHERE TO FILE:

If you are amending a Form 6 you filed as a candidate, file the Form 6X at the office where you filed your qualifying papers. All other persons should file Form 6X with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.

QUESTIONS:

About this form or the ethics laws may be addressed to the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303; telephone (850) 488-7864.

Linda Singer Stein Full and Public Disclosure of Financial Interest 2017

Annual Salary \$151,822

Assets Worth More than \$1,000

U.S. Savings Bonds (face value at maturity) \$6,810

T. Rowe Price Deferred Compensation

Total Amount in Account: \$200,000

Detailed holdings of more than \$1,000 within above referenced account:

T. Rowe Price Equity Income Trust D \$41,901

T. Rowe Price Growth Stock Trust \$34,236

T. Rowe Price Mid-Cap Growth Fund \$55,419

U.S. Mid-Cap Growth EqTrust D \$63,388

T. Rowe Price Science & Technology Fund \$13,911

Iberia Bank checking trust account \$15,000

Irrevocable Special Needs Medicaid Trust dated 12-23-13, Linda Singer Stein, Trustee \$1,500

Linda Singer Stein Irrevocable Trust f/b/o minor children \$20,000

Linda Singer Stein as custodian/trustee for minor child FUTMA (2 accounts) \$2,000

Linda Singer Stein as custodian/trustee for children (2 accounts) \$1,400

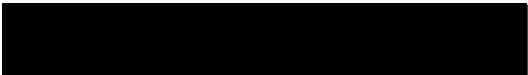
Florida Pre-Paid College Funds (3) \$35,000

Loan to Campaign \$5,000

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ELECTIONS DEPARTMENT



Total Amount in Account: \$406,722.78

Holdings within account of more than \$1,000:

Bank of America Preferred Deposit: \$67,785

AT&T, Inc. \$10,244

Amazon.com \$58,473

Apple \$59,230

CVS Healthcorp \$36,250

Genuine Parts Co. \$38,004

Kimberly Clark \$36,198

Nextera Energy, Inc. \$46,857

Verizon Communications \$12,967

Nuveen Municipal Value Fund \$40,520

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ELECTIONS DEPARTMENT

Merrill Lynch Retirement Account (IRA)

Total Amount in Account: \$240,175

Assets within account of more than \$1,000:

Apple \$59,230

Next Era Energy \$46,857

Bank of America Cash Account \$11,224

Loomis Sayles Sr. Floating Rate & Fixed Income Fund \$24,922

Blackrock Floating Rate Income Portfolio \$24,802

Amgen, Inc. \$17,390

Blackrock, Inc. \$20,548

Home Depot \$18,953

Lockheed Martin Corp. \$16,052

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

a Employee's social security number		Payroll organization code		Intradepartment number	
b Employer identification number		1 Wages, tips, other compensation 126,720.83		2 Federal income tax withheld 27,815.90	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 127,200.00		4 Social security tax withheld 7,886.40	
		5 Medicare wages and tips 132,768.70		6 Medicare tax withheld 1,925.15	
		7 Social security tips		10 Dependent care benefits 5,000.00	
d Control number		11 Nonqualified plans		12a See instructions for box 12 G 1,800.00	
e Employee's first name, mi, and last name LINDA S STEIN		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party sick pay <input type="checkbox"/>		12b DD 18,882.72	
		14 Other 125 3,827.52		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

FORM **W-2** WAGE AND TAX STATEMENT 2017

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

Department of the Treasury - Internal Revenue Service

a Employee's social security number		Payroll organization code		Intradepartment number	
b Employer identification number		1 Wages, tips, other compensation 126,720.83		2 Federal income tax withheld 27,815.90	
c Employer's name, address, and ZIP code State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 127,200.00		4 Social security tax withheld 7,886.40	
		5 Medicare wages and tips 132,768.70		6 Medicare tax withheld 1,925.15	
		7 Social security tips		10 Dependent care benefits 5,000.00	
d Control number		11 Nonqualified plans		12a See instructions for box 12 G 1,800.00	
e Employee's first name, mi, and last name LINDA S STEIN		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party sick pay <input type="checkbox"/>		12b DD 18,882.72	
		14 Other 125 3,827.52		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

FORM **W-2** WAGE AND TAX STATEMENT 2017

Copy C - For EMPLOYEE'S RECORDS
AA727W Rev. 03/29/2017

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

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TALLAHASSEE COUNTY
ELECTIONS DEPARTMENT

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Form **1040** Department of the Treasury — Internal Revenue Service (99) **2017** U.S. Individual Income Tax Return

OMB No. 1545-0047 IRS Use Only — Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning 2017, ending 2017 See separate instructions.

Your first name and initial Last name Your social security number

Linda A Stein

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

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

Miami, FL

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

Presidential Election Campaign

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

Filing Status

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above & full name here. ▶

4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Exemptions

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

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	Boxes checked on 6a and 6b. No. of children on 6c who:
Stein			Son	<input type="checkbox"/>	<input checked="" type="checkbox"/> lived with you.
Stein			Son	<input type="checkbox"/>	<input type="checkbox"/> did not live with you due to divorce or separation (see instructions).
Stein			Daughter	<input type="checkbox"/>	Dependents on 6c not entered above. Add numbers on lines above.

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

d Total number of exemptions claimed. 4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 126,721.

8a Taxable interest. Attach Schedule B if required. 8a 190.

b Tax-exempt interest. Do not include on line 8a. 8b 1,554.

9a Ordinary dividends. Attach Schedule B if required. 9a 8,438.

b Qualified dividends. 9b 8,374.

10 Taxable refunds, credits, or offsets of state and local income taxes. 10

11 Alimony received. 11

12 Business income or (loss). Attach Schedule C or C-EZ. 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 13 9,962.

14 Other gains or (losses). Attach Form 4797. 14

15a IRA distributions. 15a b Taxable amount. 15b

16a Pensions and annuities. 16a b Taxable amount. 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17

18 Farm income or (loss). Attach Schedule F. 18

19 Unemployment compensation. 19

20a Social security benefits. 20a b Taxable amount. 20b

21 Other income. List type and amount. 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 145,311.

Adjusted Gross Income

23 Educator expenses. 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24

25 Health savings account deduction. Attach Form 8889. 25

26 Moving expenses. Attach Form 3903. 26

27 Deductible part of self-employment tax. Attach Schedule SE. 27

28 Self-employed SEP, SIMPLE, and qualified plans. 28

29 Self-employed health insurance deduction. 29

30 Penalty on early withdrawal of savings. 30

31a Alimony paid b Recipient's SSN. 31a

32 IRA deduction. 32

33 Student loan interest deduction. 33

34 Reserved for future use. 34

35 Domestic production activities deduction. Attach Form 8903. 35

36 Add lines 23 through 35. 36 0.

37 Subtract line 36 from line 22. This is your adjusted gross income. 37 145,311.

Tax and Credits

Standard Deduction for —

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit?
See instructions.

Amount You Owe

Third Party Designee

Sign Here

Joint return?
See instructions.

Keep a copy
for your records.

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income).....	38	145,311.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here.....		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).....	40	63,343.
41	Subtract line 40 from line 38.....	41	81,968.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 42. Otherwise, see instructions.	42	16,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-.....	43	65,768.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972.....	44	8,691.
45	Alternative minimum tax (see instructions). Attach Form 6251.....	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962.....	46	
47	Add lines 44, 45, and 46.....	47	8,691.
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 credit. Attach Form 5695.....	53	
54	Other crs 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	8,691.
57	Self-employment tax. Attach Schedule SE.....	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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	18,733.
	b First-time homebuyer credit repayment. Attach Form 5405 if required.....	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s).....	62	
63	Add lines 56 through 62. This is your total tax.....	63	27,424.
64	Federal income tax withheld from Forms W-2 and 1099.....	64	27,816.
65	2017 estimated tax payments and amount applied from 2016 return.....	65	
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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8888 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments.....	74	27,816.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid.....	75	392.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	76a	392.
	b Routing number..... XXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number..... XXXXXXXXXXXXXXXXXXXXXXXXXX		
77	Amount of line 75 you want applied to your 2018 estimated tax.....	77	
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	

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) _____

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 _____ Daytime phone number _____
Spouse's signature _____ Date _____ Spouse's occupation _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Print/Type preparer's name _____ Preparer's Signature _____ Date _____ Check ☐ if self-employed PTIN _____

Firm's name _____ Firm's EIN _____
Firm's address _____ Phone no. _____

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Linda A Stein

Itemized Deductions

► Go to 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.

OMB No. 1545-0074

2017

Attachment
Sequence No. 07

Your social security number

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Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	71,982.	
	2	Enter amount from Form 1040, line 38	145,311.	
	3	Multiply line 2 by 7.5% (0.075)	10,898.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		61,084.
Taxes You Paid	5 State and local (check only one box):		1,292.	
	a	<input type="checkbox"/> Income taxes, or		
	b	<input checked="" type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)		
	7	Personal property taxes		
	8	Other taxes. List type and amount ►		
	9	Add lines 5 through 8		1,292.
Interest You Paid	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 ►		
	12	Points not reported to you on Form 1098. See instructions for special rules		
	13	Reserved for future use		
	14	Investment interest. Attach Form 4952 if required. See instructions		
	15	Add lines 10 through 14		0.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	467.	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	500.	
	18	Carryover from prior year		
	19	Add lines 16 through 18		967.
Casualty and Theft Losses	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		0.
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions		
		See Statement 1		
	22	Tax preparation fees	950.	
	23	Other expenses—investment, safe deposit box, etc. List type and amount ►		
	24	Add lines 21 through 23	2,663.	
	25	Enter amount from Form 1040, line 38	145,311.	
	26	Multiply line 25 by 2% (0.02)	2,906.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		0.
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ►		0.
Total Itemized Deductions	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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		63,343.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE D
 (Form 1040)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

 ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

2017

 Attachment
 Sequence No. **12**

 Department of the Treasury
 Internal Revenue Service (99)

Your social security number

Name(s) shown on return

Linda A Stein

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	378.	368.		10.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.				
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.				10.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	55,785.	45,476.		10,309.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.	2,697.	3,054.		-357.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				
13 Capital gain distributions. See the instrs.				
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back.				9,952.

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Schedule D (Form 1040) 2017 Linda A Stein

Part III Summary

2018 MAY -1 AM 8:21

16 Combine lines 7 and 15 and enter the result.....

- If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 both gains?

☒ Yes. Go to line 18.

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

18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet

19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet

20 Are lines 18 and 19 both zero or blank?

☒ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.

☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.

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

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

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

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

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

☐ No. Complete the rest of Form 1040 or Form 1040NR.

9,962.

0.

21

Schedule D (Form 1040) 2017

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

SSN or taxpayer identification number

Linda A Stein

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 shares XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
ML		Various	Various	2,697.	3,054.			-357.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked).....				2,697.	3,054.		0.	-357.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 2441

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074

2017

Attachment
Sequence No. 21Department of the Treasury
Internal Revenue Service. (99)▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Linda A Stein

Your social security number

Part I Persons or Organizations Who Provided the Care — You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
		Miami, FL		5,107.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First Last Stein		5,107.

3 Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

4 Enter your earned income. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4

6 Enter the smallest of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0 — 15,000		.35
15,000 — 17,000		.34
17,000 — 19,000		.33
19,000 — 21,000		.32
21,000 — 23,000		.31
23,000 — 25,000		.30
25,000 — 27,000		.29
27,000 — 29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 — 31,000		.27
31,000 — 33,000		.26
33,000 — 35,000		.25
35,000 — 37,000		.24
37,000 — 39,000		.23
39,000 — 41,000		.22
41,000 — 43,000		.21
43,000 — No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

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

Form 2441 (2017)

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Part III Dependent Care Benefits

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MAHARAJA COUNTY
ELECTIONS DEPARTMENT

12	Enter the total amount of dependent care benefits you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	5,000.
13	Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions.	13	
14	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions.	14	
15	Combine lines 12 through 14. See instructions.	15	5,000.
16	Enter the total amount of qualified expenses incurred in 2017 for the care of the qualifying person(s).	16	5,107.
17	Enter the smaller of line 15 or 16.	17	5,000.
18	Enter your earned income. See instructions.	18	126,721.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). If married filing separately, see instructions. All others, enter the amount from line 18. 	19	126,721.
20	Enter the smallest of line 17, 18, or 19.	20	5,000.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).	21	5,000.
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25). <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here.	22	0.
23	Subtract line 22 from line 15.	23	5,000.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions.	24	0.
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked 'No' on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21.	25	5,000.
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter 'DCB.' Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter 'DCB'.	26	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons).	27	3,000.
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25.	28	5,000.
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2016 expenses in 2017, see the instructions for line 9.	29	-2,000.
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here.	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11.	31	

Form 2441 (2017)

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

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

OMB No. 1545-1971

2017

Attachment
Sequence No. **44**

Social security number

Employer identification number

Linda A Stein

Calendar year taxpayers having no household employees in 2017 don't have to complete this form for 2017.

A Did you pay **any** one household employee cash wages of \$2,000 or more in 2017? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

☒ **Yes.** Skip lines B and C and go to line 1.

☐ **No.** Go to line B.

B Did you withhold federal income tax during 2017 for any household employee?

☐ **Yes.** Skip line C and go to line 7.

☐ **No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

☐ **No.** Stop. Don't file this schedule.

☐ **Yes.** Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax.	1	61,061.	
2	Social security tax. Multiply line 1 by 12.4% (0.124).	2	7,572.	
3	Total cash wages subject to Medicare tax.	3	61,061.	
4	Medicare tax. Multiply line 3 by 2.9% (0.029).	4	1,771.	
5	Total cash wages subject to Additional Medicare Tax withholding.	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009).	6		
7	Federal income tax withheld, if any.	7	9,390.	
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7.	8	18,733.	

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2016 or 2017 to **all** household employees? (Don't count cash wages paid in 2016 or 2017 to your spouse, your child under age 21, or your parent.)

☒ **No.** Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.

☐ **Yes.** Go to line 10.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule H (Form 1040) 2017

2017

Federal Statements

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Page 1

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2/21/18

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

01:35PM

Statement 1
Schedule A, Line 21
Unreimbursed Employee Expenses

Dues.....	\$	785.
Receptions & Education.....		928.
Total	\$	<u>1,713.</u>

2017

Federal Worksheets

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

01:35PM

Wage Schedule

Taxpayer - Employer	Wages	Federal W/H	FICA	Medi- care	State W/H	Local W/H
State of Florida Jeff Atwater, CFO	126,721.	27,816.	7,886.	1,925.		
Grand Total	126,721.	27,816.	7,886.	1,925.	0.	0.

Form 1040, Line 9b
Qualified Dividends

Merril Lynch

	8,374.
Total	8,374.

QTP Distribution Worksheet

	Taxpayer
1. Total distributed earnings from QTP's	8,145.
2. Adjusted education expenses allocated to QTP's	14,000.
3. Total amount of QTP's distributed	13,308.
4. QTP factor (divide line 2 by line 3)	1.0000
5. Nontaxable amount of QTP earnings (line 1 x line 4)	8,145.
6. Taxable amount of QTP earnings (subtract line 5 from line 1)	0.
7. Taxable rollovers	0.
8. Taxable amount of all QTP's (add line 6 and 7)	0.

2017

Federal Worksheets

Page 2

Client 327

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2/21/18

01:35PM

Qualified Dividends and Capital Gain Tax Worksheet (Form 1040, Line 44)

1. Enter the amount from Form 1040, line 43 65,768.
2. Enter the amount from Form 1040, line 9b 8,374.
3. Are you filing Schedule D?
☒ Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than zero
☐ No. Enter the amount from Form 1040, line 13 9,952.
4. Add lines 2 and 3 18,326.
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise enter zero. 0.
6. Subtract line 5 from line 4. If zero or less, enter zero. 18,326.
7. Subtract line 6 from line 1. If zero or less, enter zero. 47,442.
8. Enter:
\$37,950 if single or married filing separately,
\$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household 50,800.
9. Enter the smaller of line 1 or line 8 50,800.
10. Enter the smaller of line 7 or line 9 47,442.
11. Subtract line 10 from line 9. This amount is taxed at 0% 3,358.
12. Enter the smaller of line 1 or line 6 18,326.
13. Enter the amount from line 11 3,358.
14. Subtract line 13 from line 12 14,968.
15. Enter:
\$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household. 444,550.
16. Enter the smaller of line 1 or line 15 65,768.
17. Add lines 7 and 11 50,800.
18. Subtract line 17 from line 16. If zero or less, enter zero. 14,968.
19. Enter the smaller of line 14 or line 18 14,968.
20. Multiply line 19 by 15% (.15) 2,245.
21. Add lines 11 and 19 18,326.
22. Subtract line 21 from line 12 0.
23. Multiply line 22 by 20% (.20) 0.
24. Figure the tax on the amount on line 7.
(Use the Tax Table or Tax Computation Worksheet) 6,446.
25. Add lines 20, 23, and 24 8,691.
26. Figure the tax on the amount on line 1.
(Use the Tax Table or Tax Computation Worksheet) 10,696.
27. Tax on all taxable income (including capital gain distributions). Enter the smaller of line 25 or line 26 here and on Form 1040, line 44 8,691.

Federal Income Tax Withheld

State of Florida Jeff Atwater, CFO

Total 27,816.
27,816.

2017

Federal Worksheets

Page 3

Client 327

Linda A Stein

2/21/18

2018 MAY -1 AM 8:22

01:35PM

State and Local Taxes (Schedule A, Line 5)

State and Local Sales Taxes Using the Optional Sales Tax Tables

Available Income:

Adjusted gross income per Form 1040	145,311.
Tax-exempt interest	1,554.
Nontaxable combat pay	0.
Nontaxable social security benefits	0.
Nontaxable pensions	0.
Nontaxable IRAs	0.
Prior year refundable credits (refundable portion only)	0.
Additional nontaxable amounts	0.
Total Available Income (not less than zero)	<u>146,865.</u>

Number of Exemptions

4.

1. State general sales taxes per Tables	1,292.
2. Local general sales taxes per Tables for certain residents of AK, AZ, AR, CO, GA, IL, LA, MO, MS, NC, NY, SC, TN, UT, and VA (based on a rate of 1%)	0.
3. Local general sales tax rate	0.
4. If line 2 is zero, enter your state general sales tax rate. Otherwise, skip line 4 and 5, and go to line 6	6.0000
5. Divide line 3 by line 4	0.
6. Local general sales taxes. If line 2 is zero, multiply line 1 by line 5. Otherwise, multiply line 2 by line 3.	0.
7. State and local general sales taxes (add lines 1 and 6)	1,292.
8. Sales taxes paid on vehicles, boats, etc.	0.
9. Sales tax deduction when using Tables (add lines 7 and 8)	<u>1,292.</u>

State and Local Sales Tax Deduction
(Greater of Taxes Paid or Table Amount)

1. General sales taxes paid	0.
2. Use taxes paid	0.
3. Total actual taxes paid (add lines 1 and 2)	0.
4. Sales taxes using Tables	1,292.
5. Greater of sales taxes paid or Table amount	<u>1,292.</u>