2019 FULL AND PUBLIC DISCLOSURE FORM 6 OF FINANCIAL INTERESTS Please print or type your name, mailing address, agency name, and position below: LAST NAME - FIRST NAME - MIDDLE NAME: 2020 JUN -4 AM 10: 19 Rafael Octavio Suarez MAILING ADDRESS MIAMI-DADE COUNTY ELECTIONS DEPARTMENT (Protected Address) CITY: ZIP: COUNTY: NAME OF AGENCY: Miami-Dade County NAME OF OFFICE OR POSITION HELD OR SOUGHT: Commissioner-District 7 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 $\underline{\text{June }1}$, 20 $\underline{\text{20}}$ was \$ $\underline{\text{615,177.76}}$ 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 \$ $10,\!000$ ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: VALUE OF ASSET DESCRIPTION OF ASSET (specific description is required - see instructions p.4) 10,000 2003 Caravelle Boat 3.000 2010 A/B Inflatable Boat 10,000 Real Property, Seebring Fl. (See attached document for additional) PART C -- LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): AMOUNT OF LIABILITY NAME AND ADDRESS OF CREDITOR 17.513 Tropical Credit Union 10510 SW 88th Street, Miami, Fl. 33186 27,549 Tropical Credit Union 10510 SW 88th Street, Miami, Fl. 33186 Bank of the West 180 Montgomery St., San Francisco, Ca. 94104 151,544

Flagstar (Home Loan)

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

Nissan-Infinity (Vehicle Loan) P.O. Box 660577, Dallas, Tx. 75266-0577

FL: 33178

301 WEST MICHICAN AUG 450/ JACKESON MI.

AMOUNT OF LIABILITY

22,000

389,000

5.000

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 INCO		ge 5):	ADDDESS OF SOLIDOR OF SOLIDOR		****	MT	
NAME OF SOURCE OF INC	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	<u> </u>	AMOU	14.1	
See Attached							
SECONDARY SOURCES OF I	NCOME [Major customers, clienters, clienters	ents, etc., of b	usinesses owned by reporting person-	see instruction	ns on page 5]:		
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	SOURCES	ADDRESS OF SOURCE	, F	PRINCIPAL BUSIN ACTIVITY OF SOU		
N/							
10							
D.	ART E INTERESTS IN	N SPECIFIE	D BUSINESSES [Instructions on	page 6]			
	BUSINESS ENTITY		BUSINESS ENTITY # 2		IESS ENTITY #3		
NAME OF BUSINESS ENTITY	Miami Time Charters				λ,		
ADDRESS OF BUSINESS ENTITY					m ~		
PRINCIPAL BUSINESS	Boat Charters				MI/ EC	etingen.	
ACTIVITY POSITION HELD	President				AM.	70	
WITH ENTITY I OWN MORE THAN A 5%					DAS I	0	
INTEREST IN THE BUSINESS NATURE OF MY	Yes			_	mm +		
NATURE OF MY OWNERSHIP INTEREST	President				PC A	~	
		PART F -	TRAINING		in in	M	
For office	ers required to complete	annual eth	nics training pursuant to section	112.3142,	ESK 5	Trace	
	I CERTIFY THAT I H	AVE COM	IPLETED THE REQUIRED	TRAINING	i. '		
0	ATH		E OF FLORIDA		TO NOT THE REAL PROPERTY.	The state of the s	
OATH			NTY OF Mignil - Dode	a me hu man	s of		
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and say that the information d		word P	- 0	100	1 10000	HT	
and say that the information d		-	une , 20 20 by 10	July Cr	INNE VANESSA INNOCE	Torida	
and any attachments hereto is true, accurate,		(Signs					
construction and and a Managara Pric	/	(Gigite		M SEE	Commission y Comm. Expires Jun y hrough National Not	ary Assir	
			(Print, Type, or Stamp Commissioned Name of Notary)				
THE STATE OF THE S		Perso	Personally Known OR Produced Identification				
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE			Type of Identification Produced Florida Driver License				
				-	STREET, STREET		
If a certified public accountant she must complete the follow		73, or attorne	y in good standing with the Florida E	sar prepared	tnis form for you,	ne or	
	CONT. Derta Feri Californi	, prepared	the CE Form 6 in accordance with	Art. II. Sec. 8	, Florida Constitu	tion,	
Section 112.3144, Florida Sta and correct.	atutes, and the instructions	to the form. U	Jpon my reasonable knowledge and	belief, the dis	sclosure herein is	true	
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.						
CHAPTER BOOK OF LINES.	IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
IF ANY OF PARTS	A LIIROUGH E ARE CO	STATISTICS	OHA BEFARALE SHEEL, PL	LAGE CHE	THE PERSON NAMED IN	will the same of t	

Part B Assets:

Forester Financial Mutual Funds:	\$114,220.47
Ameritas Deferred Plan:	\$154,418.97
Athene Annuity Retirement:	\$319,144.32
Real Property Miami:	\$617,000.00

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OMB No. Copy B To be Filed with Employee's FEDERAL Tax Return. other comp. 128,674.34 17,429.37 132,900.00 8,239.84 ity tax withheld b Employer's ID number 2,117.16 146,012.75 Employer's name, address, and ZIP code CITY OF MIAMI GARDENS 18605 NW 27 AVE MIAMI GARDENS, FL 33056 d Control number e Employee's name, address, and ZIP code RAFAEL O. SUAREZ 7 Social security tips 8 Allocated tips 0.00 11 Nonqualified plans 12a Code See inst. for box 12 10 Dependent care benefits 4,013.58 C 14 Other 13 Statutory employee 13,012.76 G 600.08 CELL 12c Code Retirement plan 4,325.65 FRS 414(H) 19,172.40 DD Third-party sick pay 12d Code 17 State income tax 15 State Employer's state ID# 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

1 200 200

Form W-2 Wage and Tax Statement This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement

Copy C for Employee's Records 1 Wages, tips, other comp. 128,674.34 a Employee's social security number 17,429.37 132,900.00 8,239.84 withheld Social security tax b Employer's ID number 146,012.75 2,117.16 5 Medicare wages and tips Employer's name, address, and ZIP code CITY OF MIAMI GARDENS 18605 NW 27 AVE MIAMI GARDENS, FL 33056 This information is being furnished to the IRS, If you are required to file a tax return, a e Employee's name, address, and ZIP code RAFAEL O. SUAREZ to he a tax rearrit, a negfigence penalty or other sanction may be imposed on you if this income is taxable and you fall to report it. 7 Social security tips 8 Allocated tips 0.00 11 Nonqualified plans 12a Code See inst. for box 12 10 Dependent care benefits C 4,013.58 12b Code 13 Statutory employee 14 Other 13,012.76 G CELL 600.08 12c Code Retirement plan 4,325.65 FRS 414(H) 19,172.40 DD Third-party sick pay 12d Code 15 State Employer's state ID# 16 State wages, tips, etc. 17 State Income tax 19 Local income tax 20 Locality name 18 Local wages, tips, etc.

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a Employee's social security numb		Wages, tips, other comp. 128,674.34	2 Federal income tax withheld 17,429.3
b Employer's ID number		132,900.00	8,239.8 4 Social security tax withheld
D Employer's 10 Hamber	1111111	146,012.75 5 Medicare wages and tips	2,117.1 6 Medicare tax withheld
c Employer's name, addr	ess, and ZIP o	ode and a second	Property Control of the Section Control of th
e Employee's name, add RAFAEL O. SU		COLO	
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7 Social security tips 10 Dependent care benef	lits	11 Nonqualified plans	12a Code See Inst. for box 1 C 4,013.58
	14 Other CELL	11 Nonqualified plans	C 4,013.58
10 Dependent care benef	14 Other CELL	11 Nonqualified plans	C 4,013.58 12b Code G 13,012.76 12c Code DD 19,172.40
10 Dependent care benef 13 Statutory employee Retirement plan	14 Other CELL	11 Nonqualified plans	C 4,013.58

Copy 2 To be Filed with Employee's

State, City or Local Tax Return.

Employer's name, address, and ZIP code

CITY OF MIAMI GARDENS

MIAMI GARDENS, FL 33056

Employee's name, address, and ZIP code

14 Other

CELL

FRS 414(H)

RAFAEL O. SUAREZ

18605 NW 27 AVE

d Control number

7 Social security tips

13 Statutory employee

Retirement plan

X

Third-party sick pay

15 State Employer's state ID#

18 Local wages, tips, etc.

Dept. of the Treasury - IRS Form W-2 Wage and Tax Statement

Dept. of the Treasury - IR: 41-162806 10 Dependent care benefits

b Employer's ID number

OMB No.

17,429.37

8,239.84

2019

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See inst. for box 12

4,013.58

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Dept. of the Treasury -

17 State income tax

20 Locality name

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1 Gross distribution 2a Taxable amount 2b Taxable amount of determined	1 Gross distribution 2a Taxable amount 2b Taxable amount not determined	2b Toxable amount not determined
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18000.00 4 Federal income tax withheld 5 Contitutions of incurance persuans	18000.00 4 Federal Income tax withheld 5 Employee contribution Designated Rech confidence or Naumerical production.	4 Federal income tax withheld 5 Employee contributions/Designeted Roth contributions or Insurance primitures
PAYER'S name, address, ZIP/postal code, country & phone no.	Miami Fire & Police Retirement Trust	Miami Fire & Police Retirement Trust
Miami Fire & Police Retirement Trust 1895 SW 3 AVENUE	1895 SW 3 AVENUE	1895 SW 3 AVENUE
MIAMI, FL 33129-1456	MIAMI, FL 33129-1456	MIAMI, FL 33129-1456
PAYER'S TIN 6 Hot unrealized appreciation in employer's securities	PAYER'S TIN 6 Net unrealized appreciation in employer's excurities	PAYER'S TIN 6 Net urrealized appreciation in employer's securities
7 Distrib. SMRTE 8 Other 9a Your percentage	7 Olerib. SWATE B Other Sa Your percentage of total distribution	7 Distrib. IRANSET 8 Other 9a Your percentage of total distribution
2 7 96 96	2 96 %	96 96 Total employee contributions 10 Amount allocable to IRR within 5 years.
9b Total employee contributions 10 Amount aboable to IRRI within 5 years.	9b Total employee contributions 10 Amount allocable to BIR witch 5 years	9 PM CC 24 1 (1) ■ 11 1 ■ 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1
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RECIPIENT'S TIN Account number (see instructions)	RECIPIENT'S TIN Account number (see instructions)	RECIPIENT'S TIN Account number (see instructions)
Distributions room Pensions, Amurues, Form	Distributions From Pensions, Annuities,	Distributions from Pensions, Annuities,
Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 1099-R	IRAs, Insurance Contracts, etc. 1099-R
Copy B	Copy 2 File this copy with your state, city, or 2019	Copy 2 File this copy with your state, city, or 2019
federal income tax women on boak of internal depth of your notice. This information is being furnished to the IRS. OMB No. 1545-0119 Department of the Treasury – internal flevenue Service	local income tax return, when required. OMB No. 1545-0118 Department of the Treasury - Internal Revenue Service	local income tax return, when required. Obis No. 1545-0119 Department of the Treatury - External Flovenue Genice
NTF 2582742 9 1099RPU	1	Box 6. If you received a turno-sum distribution from a qualified plan that includes securities
89430.60 88396.44	Instructions for Recipient Generally, skribulous tour informent plans BRAs, quelified plans, section 403th plans, and powermental section 457(by plans), insurance contracts, etc., are reported to recipients on from 1094.	Box 6, If your scaled a lamp-sum distribution from a qualified plan that includes securities of the employer's company, the returnshized appreciation (PUA) gray increase in value of mach scandings which is the total to said only appreciation (PUA) gray increase in value of mach scandings which is returned to the property of the prop
1 Gross distribution 2a Taxable amount 2b Taxable amount not determined	Qualified plane and section 400(b) plane. If your enruity starting date is after 1997, you must use the simplified method to figure your tauable amount if your payer dichn show the taxable	distribution to a testing to, see the standardistribution in the distribution, the amount shown the NUA is included in bot 2a. If you dish's receive a turny-usur distribution, the amount shown the NUA stributable to employee contributions, which isn't taxed until you sell the securifies.
Total distribution 3 Capital gain (included in box 2a)	BiAs. For distributions from a traditional individual retirement arrangement (FIV), simplified employee pension (SEP), or savings incentive match plan for employees (SIMPLE), generally the environment mouthed to exempte the taxable empour. See the Form 10-40 or 10-90R Instructions.	distributions, soe the instructions for your tax muturn. Also, certain distributions may be subject to an additional 10% trux, See the instructions for Form 5.25. — Early distribution, no known exception (in most cases, under ego 59%).
18000.00 4 Federal Income tax withheld 5 Employee contributions of resurance persurants	I mount in box 28. See the instructions for from 10-00 or Treatmen. INALE For distributions from a studiousal electrification of a management (EVA), shripfilled implement periods of the studious periods of the studious periods of the studious periods of the studious periods (EVA). By other studious periods (EVA), prevently the content of the studious periods (EVA) and the studious periods (EVA) are studious periods (EVA).	2—Early distribution, exception applies (under age 5919). 3—Obshilly. 4—Death.
PKYETTS name, address, ZIP/postal code, country & phone no.	Roth ITAs. For distributions from a Roth ITA, generally the payer isn't required to compute the tasable amount. You must compute any tasable amount on Form 6005. An amount shown in box	— Prichibled transaction. — Section 1035 archange (a tax-free exchange of life insurance, annuity, qualified long-term care insurance, or endowment contracts).
Miami Fire & Police Retirement Trust 1895 SW 3 AVENUE	zamey se susces converge on an excess commons. Lean's teached as distributions. If you borrow maney from a qualified plan, section 401(b) plan, or governmental section 437(b) plan, you may have to treat the loan as a distribution and include all or rest the loan as a distribution and include all or rest the section 437(b) plan, you may have to treat the loan as a distribution and include all of the amount borrowed in your force. There are exceptions to this rule, If your loan is tractible, code L will be shown in bor 7, See Pub. 575.	7— Normal distribution. 8— Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 2019.
MIAMI, FL 33129-1456	is taxable, code L will be shown in box 7. See Pub. 575. Recipient's bapager identification number (TIR), For your protection, vius form may show only the best four digits of your TIR (5/54, TIR), ATRX, or ERA. However, the payer has reported your complete TIR to 49 815.	9—Cost of current the insurance protection. A—May be eligible for 10-year tax option (see Form 4972). B—Designated Rota account distribution.
PAYER'S TIN 6 Not unrealized appreciation in employer's securities	 complete TN to the RS. FATCA filling regularment. If the FATCA filling requirement box is checked, the payer is reporting on this Form 1050 to satisfy its chapter 4 account reporting requirement. You also may have a stilling regularment. So the instructions of Form 8058. 	Note: If code Bi is in box 7 and an amount is reported in box 10, see the instructions for For 532 is. C—Reportable denth benefits synder section 6050 y.
7 Code(s) SWRE 8 Other 9a four distribution	Account number. May show an account, policy, or other unique number the payer assigned to distinguish your account.	C—Reportable don't benefipsyeder section 5050Y. D—Avrusy payments from condustred arrus (EPWH) may be subject to tax under section 141 E—Distribution survice Employee Plays Compfissed less obtains (SYSTEM). F—Chartable gft arrushy.
2 96 %	Data of payment. Shows the data of payment for reportable death bornets under section 9050V. Box 1. Shows the lotal amount your secked this year. The amount may have been a direct relieve, a transfer or convenient to a first IRVA a recharacterized BN contribution; or you may	F—Chartaction of a constitution of the constit
9b Total employee contributions 10 Amount allocable to IRR within 5 years	Data 1. Shows the total amount you recolved this year. This interest in they have been a direct. But 1. Shows the total amount you recolved this year. This interest in they have been a direct. But 1. Shows the total amount in the second of the year. This interest in the second of the certificity or you may be not recolved the perfect the perfect the second of the most older to those the second on from 1000 or 1000Hz or not not be for MARA, pensions, and arrandices for the fire for "Exactle amount", and on form 8000, as applicable, However, if this is a Lamp-sum distribution, we form 4002 if you haven't reached relevant entirement gas, pencity you disability payments on the fire for "Wages, saleries, tips., etc." on your last return. Also report on the fire the permission with drived from a light as control of the fire that the permission with drived from a light as control of the second	d.— Early distribution from a RistribiA, we known(extraction)on (in indict desires, under one 59%). K.—Distribution of traditional BANGLY is not here resembled available FANL L.—Loars traded as distributions.
11 1st year of desig. Roth 12 State tax withheld	payments on the fine for "Wapes, salertes, tips, etc." on your it as return. Also Report on that the permissable withdrawals from eligible automatic contribution arrangements and controlled distributions of excess deterrats, excess contributions, or excess aggregate contributions except it me distribution is of designated Ports or committurions or your after tax contributions of I you tre	L—Low's traded at contrologists — Country of pin lose of their N—Recharacterized RA constitution made to 20 to and recharacterized in 2010. P—Excess constitutions but series projectors defined bridge on their pin law about in 2010. Q—Outsited distribution from a Fig. 110A. R—Recharacterized RA constitution in made to 2010, and recharacterized in 2010. S—Early distribution from a SRAFL ERRA in first 2 years, no knowledge-prion funder ago 5919. T—Ross RA distribution confidence in the control of the contro
contrib. 0.00	e the distribution is or design seed in the control of the control	Q—Qualified distribution from a Refu IIIA. R—Recharacterized IRA contribution made for 2018 and recharacterized IRA contribution made for 2018 and recharacterized in 2019.
13 State/Payer's state no. 14 State distribution	assistances, anning, qualified long-term care, or endowment contract was transformed tax free to another trustee or contract issuer, or encount vili be shown in this box and code is with be shown in box 7. It is charge or prometive was made applied the cash value of an invalidy contract or the care surrender value of a life insurance contract for the purchase of qualified brog-term care insurance, an amount with be indown in this box and code W will be shown in box 7. You need not report this dearnount on your tax return, if code C is alread in box 7, the amount alread in box 11 a needy or responsible death buriefs with a taxable in part.	S—Early distribution from a Suive Letter in the 2 years, no knowledge-priori pincer and control. T—Roth RVA distribution congrident register and the control of the contro
	To unnecernal report special procurs on your less return it does or an extend to the service of	T—Both IRA distribution, encipilating place. Unbridded distribution from ISSD Lander section (1949). Note: The distribution for Editing for colorer. W—Charpes or payments for Extra grant guartises ISS gream care, learning contracts under contracts and
Dote of payment FATCA filling requirement	2b should be checked. You may want to get one of the free publications from the FIS to help you igure the temble amount. See Additional Information in the instructions. For an IRA distribution, see IIIAs and Roll FIAs on this page, For a direct rollows, other than from a qualified plan to a	
RAFAEL O. SUAREZ	is even in box 11 is a receipt or reportable death benefits that it studies in part. Box 2b. This part of the destruit price is ejecured; trashle, if there is no early in this box, the payor may not have all the fact is needed to figure the tracked armount, in that case, the first box is box. 2b should be checked. You may want to get once of the first perfections from the 15th to be given the trackle armount, fleet Admit price of the first point in the 15th to be given the trackle armount, fleet Admit price of the first point of the 15th to pay the 15th to 15	destination. Box 8, if you excelled an entity function as page and distriction, the value of the contract is shown. It isn't tazable when yittingoing it and electric to included in bowes 1 and 2 a. When you receive periodic paymentaries the survive contract, they is reasonable at that time, it we district the made to more than one person, the percentage of the arrange contract distriction by you is also shown. They is need that individually in you can be 10 year tax oppion for which arrange of the arrange of t
	ption to a North MA, your must receive on the "last and artifact," and you were been shown in this boy plus that amount in book if a first, if this is a total distribution from a qualified plan and you were born before Jensery 2, 1935, for you're the beneficiary of corrections born before already 2, 1935, you may be elliptible for the 10-year tax option. See the Form 4972 instructions for more information.	
RECIPIENT'S name, address, ZIP/postal code & country CORRECTED	10-year tax option. See the Form 4972 instructions for more information. If you're an eighbe retired public settory officer who elected to exclude from income identification from your elebels data used to give certain bus rance premiums, the amount shown in bor (2a hear's bean reduced by the exclusion amount. See the instructions for Form 1040 or 1000M for exceptions.	Box 9a. If a total distribution was made to more than one person, the percentage you received
15 Local tex withheld 16 Name of locality 17 Local distribution		Box 55. For a life enrully from a qualified plan or from a section 403(t) plan (with after tax contributions), an amount may be shown for the employed's total investment in the contract. It is used to compute the textelled pan of the distribution. Size Pub. 575. Box 10. If an amount is reported in this box, see the instructions for Form 5329 and Pub. 675.
	Box 2b. If the first box is checked, the payor was unable to determine the tacable amount, and box 2a should be blank, except for an BM. It is your reprocessibility to determine the tacked amount, if the secondon's is checked, the distribution was a total destination that closed out your account. Box 3, if you received a jump-sum distribution from a qualified plan and were born before the processing the proc	Bigs 11, The first year you made a constitution to the designated Roth account reported on this form is shown in this box. Bases 12-17, If state or local income tax was withheld from the distribution, boxes 14 and 17 may show the part of the distribution subject to state analysis occur tax.
RECIPIENT'S TIN Account number (see instructions)	If the accordance is created, we consider the accordance and accordance and accordance of the accordance and ac	Additional information. You may want to see:
Distributions . rom Pensions, Annuities, Retirement or Profit-Sharing Plans,	Bits 4. Ghove fiderial income tax withhold, include this encent on your income tax minum as tax withhold, and it host a thrown an income (other than stand, state). Googh (it is your return, Generally, if you'if receive payments next year that aren't eligible relixor distribution, you can change your withholding of elect not to hist in bornon tox withholding you be payer from W-4P.	Pub. 505, Taxable and Nontaxable Income Pub. 500, Retirement Plans for Small Business
IRAs, Insurance Contracts, etc. 1099-R	change your wideholding or elect not to have known to a widehold by giving the payer form W-RY. Box B. Generally, this chows the employee's hierestement by the contract offers are contributional, if any, recovered tax the this year, the portion that it your hashe in a designated RRH account; the part of previous paid on commercial invariation of insurance contributions contributions of the contributions of the contributions of the insurance contributions of the contributions of the three contributions of the contributions of th	Pub. 590-A, Contributions to IFIAs
(heep for your records) 2019	the part of promums paid on commercial annumes or insurance contracts recovered tax tree; the nontaxable part of a charitable gift annuity; or the investment in a life insurance contract.	Pub. 590-B, Distributions from IRAs Pub. 721, U.S. Civil Service Retirement Benefits

Tris Information is being furnished to the IFIS.

ONB No. 1645-0118

Department of the Treasury – Internal Revenue Service

Pub. 575, Penson and Annuth Income Pub. 500-0, Contributions to IRAs Pub. 521, U.S. Chill Stevice Relicement Benefits Pub. 721, U.S. Chill Stevice Relicement Benefits Pub. 936, General Relic for Pensions and Annuties Pub. 909, NSAs and Other Tex-Favored Health Flans