

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Cruz Victor

MAILING ADDRESS:

3151 Georgian Bay Ln

CITY :

Kissimmee

ZIP :

34746

COUNTY :

Osceola

NAME OF AGENCY :

Osceola County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

School Board Member (District 3)

CHECK IF THIS IS A FILING BY A CANDIDATE

OSCEOLA COUNTY SCHOOL BOARD
JUN 10 2019 12:48

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, 20 19 was \$ 515,816.

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 \$ 100,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Property 3221 Solitude Ct Kissimmee FL 34746	\$320,000
Property Km 4.6 Barrio Quebrada Negrilo Trujillo Alto PR 00976	\$245,000
Property Carwitzer Str. 17258 Feldberger Seenlandschaft, Germany	\$345,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Caliber Home PO Box 270415 Oklahoma City, OK 73137	\$267,453.00
Department of Education FedLoan Servicing PO Box 69184 Harrisburg PA 17106	\$112,781.00
Ally Auto PO Box 9001951 Louisville, KY 40290-1951	\$13,950.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
None	N/A
N/A	N/A
N/A	N/A

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
None	N/A	N/A	N/A
None	N/A	N/A	N/A

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

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

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.

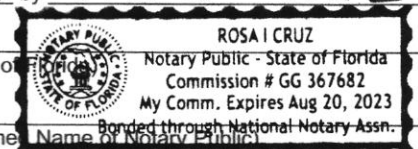
OATH

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 Osceola
 Sworn to (or affirmed) and subscribed before me by means of
 physical presence or online notarization, this 10 day of

June, 2020 by Victor Cruz

P. Cruz
 (Signature of Notary Public--State of Florida)



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

Personally Known _____ OR Produced Identification

Type of Identification Produced FL Driver Lic.

 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

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 Victor	Last name Cruz	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
3221 Solitude Ct Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Kissimmee FL 34746-2149

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

If more than four dependents, see instructions and ✓ here ▶

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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Parent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Niece	<input checked="" type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Parent	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	39,517.	
2a	Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required	2b	
3a	Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
c	Pensions and annuities	4c	d Taxable amount	4d	
5a	Social security benefits	5a	b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6	
7a	Other income from Schedule 1, line 9			7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b	39,517.
8a	Adjustments to income from Schedule 1, line 22			8a	58.
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b	39,459.
9	Standard deduction or itemized deductions (from Schedule A)	9	18,350.		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a	Add lines 9 and 10			11a	18,350.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	21,109.

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	2,258.	
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	2,258.	
13a	Child tax credit or credit for other dependents	13a	2,011.	
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	2,258.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax ▶	16	0.	
17	Federal income tax withheld from Forms W-2 and 1099	17	705.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a	1,512.	
b	Additional child tax credit. Attach Schedule 8812	18b	1,400.	
c	American opportunity credit from Form 8863, line 8	18c	165.	
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits ▶	18e	3,077.	
19	Add lines 17 and 18e. These are your total payments ▶	19	3,782.	
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	3,782.	
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	3,782.	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	3,782.	
	▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22		

Amount You Owe

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		

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 ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

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

Your signature Spouse's signature. If a joint return, both must sign.	Date	Your occupation Juvenile Probation Officer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.		Email address	

Paid Preparer Use Only

Preparer's name Preparer's signature Date PTIN Check if:
 3rd Party Designee
 Self-employed
 Firm's name ▶ Self-Prepared Phone no.
 Firm's address ▶ Firm's EIN ▶

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

Victor Cruz

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	
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	

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	58 .
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	58 .

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

REV 01/29/20 TTO

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **03**

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

Victor Cruz

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	247.
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	247.

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
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 checked="" 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	

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

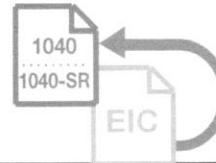
REV 01/29/20 TTO

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE EIC
(Form 1040 or 1040-SR)

Earned Income Credit
Qualifying Child Information

OMB No. 1545-0074



2019

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- ▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**

Name(s) shown on return
Victor Cruz

Your social security number
[REDACTED]

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

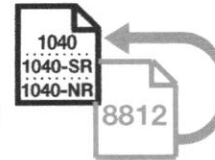
1 Child's name	First name	Last name	First name	Last name	First name	Last name
If you have more than three qualifying children, you have to list only three to get the maximum credit.	[REDACTED]					
2 Child's SSN	[REDACTED]					
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>1</u>	Year <u>2</u> <u>0</u> <u>0</u> <u>6</u>	Year _____			
	<i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		<i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		<i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>The child is not a qualifying child.</i>	<i>Go to line 5.</i>	<i>The child is not a qualifying child.</i>	<i>Go to line 5.</i>	<i>The child is not a qualifying child.</i>
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		Niece			
6 Number of months child lived with you in the United States during 2019	_____ 12 months <i>Do not enter more than 12 months.</i>		_____ 12 months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

SCHEDULE 8812
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2019

Attachment
Sequence No. **47**

Name(s) shown on return

Victor Cruz

Your social security number

[REDACTED]

Part I All Filers

Caution: If you file Form 2555, **stop here**; you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 and 1040-SR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). 1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	1	3,500.
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49	2	2,011.
3	Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit	3	1,489.
4	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,400. Enter the result. If zero, stop here ; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	1,400.
5	Enter the smaller of line 3 or line 4	5	1,400.
6a	Earned income (see instructions)	6a	39,517.
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	37,017.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here ; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	5,553.

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	9	
10	1040 and 1040-SR filers: Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-NR filers: Enter the amount from Form 1040-NR, line 67.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	1,400.
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Enter this amount on
Form 1040, line 18b;
Form 1040-SR, line 18b; or
Form 1040-NR, line 64.

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

Victor Cruz

Your social security number



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	412 .
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000 .
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	39,459 .
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	50,541 .
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000 .
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ▶ <input type="checkbox"/>	7	412 .
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below	8	165 .

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	247 .
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3	19	247 .

Name(s) shown on return

Victor Cruz

Your social security number

[REDACTED]



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return)

21 Student social security number (as shown on page 1 of your tax return)

22 Educational institution information (see instructions)

a. Name of first educational institution

Valencia College

b. Name of second educational institution (if any)

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

PO Box 3028
Orlando FL 32802

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.

(2) Did the student receive Form 1098-T from this institution for 2019? Yes No

(2) Did the student receive Form 1098-T from this institution for 2019? Yes No

(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? Yes No

(3) Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? Yes No

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3)**. You can get the EIN from Form 1098-T or from the institution.

59-1216316

(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in **(2)** or **(3)**. You can get the EIN from Form 1098-T or from the institution.

23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?

Yes — **Stop!** Go to line 31 for this student. No — Go to line 24.

24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.

Yes — Go to line 25. No — **Stop!** Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2019? See instructions.

Yes — **Stop!** Go to line 31 for this student. No — Go to line 26.

26 Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?

Yes — **Stop!** Go to line 31 for this student. No — Complete lines 27 through 30 for this student.



You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27	Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	412.
28	Subtract \$2,000 from line 27. If zero or less, enter -0-.	28	0.
29	Multiply line 28 by 25% (0.25)	29	0.
30	If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	412.

Lifetime Learning Credit

31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Department of the Treasury -- Internal Revenue Service

d Control number 1180	1 Wages, tips, other compensation 3721.22	2 Federal income tax withheld 425.00
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips 4023.00	6 Medicare tax withheld 58.33

c Employer's name, address, and ZIP code
VALENCIA COLLEGE
 PO Box 3028
 Orlando FL 32802-3028

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
12b Code	12c Code	12d Code

b Employer identification number (EIN)
 59-1216316

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other 401a C	301.78
	X			

e Employee's name, address, and ZIP code
Victor Cruz
 3221 Solitude Ct
 Kissimmee FL 34746

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

2019 38-2099803	15 State Employer's state ID number	16 State wages, tips, etc.
W-2 Wage and Tax Statement Copy C -- For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

Department of the Treasury -- Internal Revenue Service

d Control number 1180	1 Wages, tips, other compensation 3721.22	2 Federal income tax withheld 425.00
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
This information is being furnished to the Internal Revenue Service.	5 Medicare wages and tips 4023.00	6 Medicare tax withheld 58.33

c Employer's name, address, and ZIP code
VALENCIA COLLEGE
 PO Box 3028
 Orlando FL 32802-3028

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
12b Code	12c Code	12d Code

b Employer identification number (EIN)
 59-1216316

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other 401a C	301.78
	X			

e Employee's name, address, and ZIP code
Victor Cruz
 3221 Solitude Ct
 Kissimmee FL 34746

2019 38-2099803	15 State Employer's state ID number	16 State wages, tips, etc.
W-2 Wage and Tax Statement Copy B -- To Be Filled With Employee's FEDERAL Tax Return.	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

Department of the Treasury -- Internal Revenue Service

d Control number 1180	1 Wages, tips, other compensation 3721.22	2 Federal income tax withheld 425.00
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips 4023.00	6 Medicare tax withheld 58.33

c Employer's name, address, and ZIP code
VALENCIA COLLEGE
 PO Box 3028
 Orlando FL 32802-3028

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
12b Code	12c Code	12d Code

b Employer identification number (EIN)
 59-1216316

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other 401a C	301.78
	X			

e Employee's name, address, and ZIP code
Victor Cruz
 3221 Solitude Ct
 Kissimmee FL 34746

2019 38-2099803	15 State Employer's state ID number	16 State wages, tips, etc.
W-2 Wage and Tax Statement Copy 2 -- To Be Filled With Employee's State, City, or Local Income Tax Return	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

Department of the Treasury -- Internal Revenue Service

d Control number 1180	1 Wages, tips, other compensation 3721.22	2 Federal income tax withheld 425.00
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips 4023.00	6 Medicare tax withheld 58.33

c Employer's name, address, and ZIP code
VALENCIA COLLEGE
 PO Box 3028
 Orlando FL 32802-3028

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
12b Code	12c Code	12d Code

b Employer identification number (EIN)
 59-1216316

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other 401a C	301.78
	X			

e Employee's name, address, and ZIP code
Victor Cruz
 3221 Solitude Ct
 Kissimmee FL 34746

2019 38-2099803	15 State Employer's state ID number	16 State wages, tips, etc.
W-2 Wage and Tax Statement Copy 2 -- To Be Filled With Employee's State, City, or Local Income Tax Return	17 State income tax	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

Department of the Treasury -- Internal Revenue Service

FIRST: REMOVE THESE EDGES
FOLD, CREASE AND TEAR ALONG PFC

Copy B - For Employee's Federal Income Tax Return		2019		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 32396.36	2 Federal income tax withheld		
b Employer ID number 59-2184150	3 Social security wages 32396.36	4 Social security tax withheld 2008.58		
	5 Medicare wages and tips 32396.36	6 Medicare tax withheld 469.77		
c Employer's name, address, and ZIP code Bay Area Youth Services, Inc DBA BAYS Florida PO Box 270846 Tampa, FL 33688				
d Control number 38934 356				
e Employee's name, address, and ZIP code Victor Cruz 3221 Solitude Ct Kissimmee, FL 34746				
7 Social security tips		8 Allocated tips		9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans		
12a DD	7414.52	13 Statutory employee Retirement plan 3rd-party sick pay		
12b		14 Other		
12c				
12d				
N/A		N/A		N/A
15 State Employer's State ID#		16 State wages, tips, etc.		17 State income tax
N/A		N/A		N/A
18 Local wages, tips, etc.		19 Local income tax		20 Locality name
N/A		N/A		N/A

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

Dept. of the Treasury - IRS

Copy 2 - For Employee's State Income Tax Return		[FL]	2019		OMB No. 1545-0008
a Employee's social security number	1 Wages, tips, other comp. 32396.36	2 Federal income tax withheld			
b Employer ID number 59-2184150	3 Social security wages 32396.36	4 Social security tax withheld 2008.58			
	5 Medicare wages and tips 32396.36	6 Medicare tax withheld 469.77			
c Employer's name, address, and ZIP code Bay Area Youth Services, Inc DBA BAYS Florida PO Box 270846 Tampa, FL 33688					
d Control number 38934 356					
e Employee's name, address, and ZIP code Victor Cruz 3221 Solitude Ct Kissimmee, FL 34746					
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans			
12a DD	7414.52	13 Statutory employee Retirement plan 3rd-party sick pay			
12b		14 Other			
12c					
12d					
FL	NOT NEEDED	32396.36			
15 State Employer's State ID#		16 State wages, tips, etc.		17 State income tax	
N/A		N/A		N/A	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
N/A		N/A		N/A	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS