

CANDIDATE OATH -
SCHOOL BOARD
NONPARTISAN OFFICE

SUPERVISOR OF ELECTIONS

2020 JUN -8 PM 12:15

PALM BEACH COUNTY, FL

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

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, Bonnie Jo Pettinga

(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 nonpartisan office of Palm Beach County School Board 2
(Office) (District #)

; I am a qualified elector of _____ County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; 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 from 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 school board 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): 126123511

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.]

Bonnie Jo Pettinga
Signature of Candidate Telephone Number 934 778-0000 Email Address Votebonnie@icloud.com

44 Yacht Club Dr. North Palm Beach Florida 33408
Address City State ZIP Code

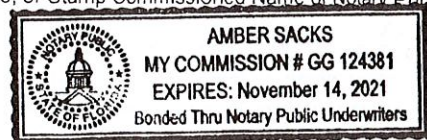
STATE OF FLORIDA
COUNTY OF Palm Beach

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

Sworn to (or affirmed) and subscribed before me this 1st
day of June, 2020.

Personally Known: _____ or Produced Identification:

Type of Identification Produced: FLDL



OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:
 SUPERVISOR OF ELECTIONS
 2020 JUN -8 PM 12:15
 PALM BEACH COUNTY, FL

LAST NAME — FIRST NAME — MIDDLE NAME:

Pettinga Bonnie J.

MAILING ADDRESS:

44 yacht club drive #210

North Palm Beach 33408 Palm Beach

CITY: ZIP: COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board District 2

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 6/1, 20 20 was \$ 200,000.00

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 \$ 20,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
2 beds 2 end tables 2 lamps	20,000.00
1 couch	
1 - living room including couch, chairs, lamps accessories + jewelry	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Student loan	60,000.00
lowis	8,000.00
chase credit card	6,500.00
Chase credit card	2,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
	94,500.00

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. ▶

SUPERVISOR OF ELECTIONS
 2020 JUN -8 PM 12:50

Your first name and middle initial DAVID	Last name PETTINGA	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial BONNIE	Last name PETTINGA	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 44 YACHT CLUB UNIT 210		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). PALM BEACH GARDENS FL 33408		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

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

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

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	
2a	Tax-exempt interest	2a	b	Taxable interest. Attach Sch. B if required
3a	Qualified dividends	3a	b	Ordinary dividends. Attach Sch. B if required
4a	IRA distributions	4a	b	Taxable amount
c	Pensions and annuities	4c	d	Taxable amount
5a	Social security benefits	5a	b	Taxable amount
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	96,076
8a	Adjustments to income from Schedule 1, line 22		8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b	96,076
9	Standard deduction or itemized deductions (from Schedule A)	9		24,400
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		0
11a	Add lines 9 and 10		11a	24,400
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b	71,676

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.

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	2,801	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	2,801	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	2,801	
15	Other taxes, including self-employment tax, from Schedule 1	15		
16	Add lines 14 and 15. This is your total tax	16	2,801	
17	Federal income tax withheld from Forms W-2 and 1099	17		
18	Other payments and refundable credits:			
a	Earned income credit (EIC) NO	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		
19	Add lines 17 and 18e. These are your total payments	19		
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20		
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a		
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		
23	Amount you owe . Subtract line 19 from line 16. For details on how to pay, see instructions	23	2,887	
24	Estimated tax penalty (see instructions)	24	86	

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

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

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

(Other than paid preparer) Designee's name **ALEXANDER PALAS** Phone no. **772-419-8998** Personal identification number (PIN) **[REDACTED]**

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[Signature]		DISABLED	[REDACTED]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[Signature]		UNEMPLOYED	[REDACTED]
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
ALEXANDER PALAS	ALEXANDER PALAS	01/09/2020	P00833611	
Firm's name	Firm's address		Phone no.	Firm's EIN
BRIDGE FINANCIAL INC	43 SE OCEAN BLVD STUART FL 34994		772-419-8998	26-3385715

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074

2019

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ 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.

Name(s) shown on return

DAVID & BONNIE PETTINGA

Your social security number

[REDACTED]

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

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.				
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	449,000	416,539		32,461
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
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				7 32,461

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

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.				
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				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	465,746	420,649		45,097
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				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 45,097

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

Schedule D (Form 1040 or 1040-SR) 2019

BCA

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, 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 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 	16	77,558
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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 ▶</p>	18	
<p>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 ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> ● The loss on line 16; or ● (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

- ▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
- ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

DAVID & BONNIE PETTINGA

2020 JUN -8 PM 12:20

Social security number or taxpayer identification number

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. 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 <i>Column (e)</i> 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	
	36 YACHT CL 407	04/05/2018	02/04/2019	449,000	416,539			32,461
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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).				449,000	416,539			32,461

Note: If you checked Box A 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.

SUPERVISOR OF ELECTIONS

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PALM BEACH COUNTY, FL

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2019

Form 1040-V Payment Voucher

- Use this voucher when making a payment with Form 1040
- Do not staple this voucher or your payment to Form 1040
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

Amount you are paying
by check or money order ►

Dollars
2,887

1045

DAVID & BONNIE PETTINGA
44 YACHT CLUB UNIT 210
PALM BEACH GARDENS FL 33408

Internal Revenue Service
P O BOX 1214
Charlotte NC 28201-1214

371784916 TJ PETT 30 0 201912 610

Department of the Treasury
Internal Revenue Service

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

2019

Submission Identification Number (SID) **00600808**
2020 JUN -8 PM 12:20
4
PALM BEACH COUNTY, FL

Taxpayer's name: **DAVID PETTINGA** Social security number: **[REDACTED]**
Spouse's name: **BONNIE PETTINGA** Spouse's social security number: **[REDACTED]**

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

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	96,076
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	2,801
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	2,887

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

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

Taxpayer's PIN: check one box only

I authorize BRIDGE FINANCIAL INC to enter or generate my PIN **[REDACTED]** as my signature on my tax year 2019 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros

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

Your signature **[REDACTED]** Date **04/21/2020**

Spouse's PIN: check one box only

I authorize BRIDGE FINANCIAL INC to enter or generate my PIN **[REDACTED]** as my signature on my tax year 2019 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros

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

Spouse's signature **[REDACTED]** Date **04/21/2020**

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

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

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

ERO's signature **[REDACTED]** Date **04/21/2020**

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

SUPERVISOR OF ELECTIONS

Name: DAVID & BONNIE PETTINGA

SSN [REDACTED]

2020 JUN -8 PM 12:20

PALM BEACH COUNTY, FL

Interest. List all interest on Schedule B, regardless of the amount.
Unemployment and/or state tax refund. Fill out 1099-G worksheet.

Table with 4 columns: Description, Taxpayer, Spouse, Total. Rows include Additional Earned Income (Scholarship, Household employee) and Social Security/Railroad Tier 1 Benefits (Social Security received, Railroad tier 1 received, Total, Medicare to Schedule A, Federal tax withheld).

Married Filing Separately

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3

All others

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 exclusions + student loan interest adjustment 77,713 + tax-exempt interest: and excluded income from American Samoa (Form 4563) or Puerto Rico: + 50% of the benefits received: 10,802

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable A 18,363

Table with 2 columns: Description, Amount. Rows: Modified AGI (88,515), \$34,000 (\$44,000) (44,000), Subtract (44,515) X 85% =

37,838

Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly)

6,000

Add B 43,838

Taxable social security and railroad retirement tier 1. Minimum of A or B. 18,363

Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

Table with 4 columns: Description, Taxpayer, Spouse, Total. Rows include Gross amount received attributable to 2019, Using the above modified AGI, this is the taxable amount of the 2019 benefit, Amounts taxable from previous years, Taxable benefits using the lump-sum election method.

Name: DAVID & BONNIE PETTINGA

SSN: [REDACTED]

1	Taxable income from Form 1040, line 10, Form 1040NR, line 41, or from the Foreign Earned Income Tax Worksheet				71,676
2	Qualified dividends				
3	Line 4g of Form 4952				
4	Line 4e of Form 4952				
5	Subtract line 4 from line 3				
6	Subtract line 5 from line 2. If -0- or less, enter -0-				
7	Smaller of line 15 or line 16 of Schedule D	45,097			
8	Smaller of line 3 or line 4				
9	Subtract line 8 from line 7. If -0- or less, enter -0-		45,097		
10	Add lines 6 and 9			45,097	
11	Add lines 18 and 19 of Schedule D				
12	Smaller of line 9 or line 11				
13	Subtract line 12 from line 10. If -0- or less, -0-				45,097
14	Subtract line 13 from line 1. If -0- or less, -0-				26,579
15	Applicable amount based on filing status	78,750			
16	Smaller of line 1 or line 15			71,676	
17	Smaller of line 14 or line 16			26,579	
18	Subtract line 10 from line 1. If -0- or less, -0-	26,579			
19	Smaller of line 1 or applicable amount based on filing status	71,676			
20	Smaller of line 14 or 19	26,579			
21	Larger of line 18 or line 20			26,579	
22	Subtract line 17 from line 16. This line is taxed at 0%			45,097	

If lines 1 and 16 are the same, skip lines 23 through 43 and go to line 44.
Otherwise, go to line 23.

23	Smaller of line 1 or line 13				
24	Amount from line 22				
25	Subtract line 24 from line 23				
26	Applicable amount based on filing status				
27	Smaller of line 1 or line 26				
28	Add lines 21 and 22				
29	Subtract line 28 from line 27. If -0- or less, -0-				
30	Smaller of line 25 or line 29				
31	Multiply line 30 by 15%				
32	Add lines 24 and 30				

If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44.
Otherwise, go to line 33.

33	Subtract line 32 from line 23				
34	Multiply line 33 by 20%				

If Schedule D, line 19, is zero, skip lines 35 through 40 and go to line 41.
Otherwise, go to line 35.

35	Smaller of line 9 above or Schedule D, line 19				
36	Add lines 10 and 21				
37	Amount from line 1				
38	Subtract line 37 from line 36. If -0- or less, -0-				
39	Subtract line 38 from line 35. If -0- or less, -0-				
40	Multiply line 39 by 25%				

If Schedule D, line 18, is zero, skip lines 41 through 43 and go to line 44.
Otherwise, go to line 41.

41	Add lines 21, 22, 30, 33 and 39				
42	Subtract line 41 from line 1				
43	Multiply line 42 by 28%				
44	Tax on line 21 amount				2,801
45	Add lines 31, 34, 40, 43, and 44				2,801
46	Tax on line 1 amount				8,213
47	Tax on all taxable income. Smaller of lines 45 or 46				2,801