

FORM 6

## FULL AND PUBLIC DISCLOSURE

2017

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

## OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED

2018 APR 30 PM 12:02

BRIAN E. CORLEY  
SUPERVISOR OF ELECTIONS  
DADE CITY, FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME:

SESTAK WILLIAM GREGORY

MAILING ADDRESS:

P.O. Box 1254

CITY:

DADE CITY

ZIP:

33526

COUNTY:

PASCO

NAME OF AGENCY:

SIXTH JUDICIAL CIRCUIT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COUNTY JUDGE - GROUP 1

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, 2017 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 April 24, 2018 was \$ 1,798,800.

## 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 \$ 90,000

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

RESIDENCE

575,000

MORGAN STANLEY (STOCKS &amp; BONDS)

908,091

NATIONWIDE RETIREMENT SOLUTIONS (MUTUAL FUNDS)

204,096

VANGUARD (MUTUAL FUNDS &amp; IRA)

159,364

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

QRL FINANCIAL PO Box 8068 VIRGINIA BEACH, VA. 23450

346,211

DISCOVER PO Box 6103 CAROL STREAM, IL 60197

1,475

HAVERTY/SYNCHRONY BANK PO Box 965033 ORLANDO, FL. 32896

1,050

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

NONE

**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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2017 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
NONE		

**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			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	NONE		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

RECEIVED  
 APR 30 PM 12:02  
 BUREAU OF ELECTIONS  
 TALLAHASSEE, FLORIDA

**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**

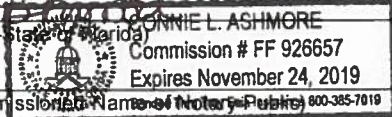
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
COUNTY OF DASCO

Sworn to (or affirmed) and subscribed before me this 24 day of

April, 2018 by William G. Sestak

Connie L. Ashmore  
(Signature of Notary Public--State of Florida)



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

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

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 ☒

PART B - ASSETS (CONTINUED)

BLACKROCK INVESTMENTS (MUTUAL FUND)	\$ 74,427
FIDELITY INVESTMENTS (MUTUAL FUNDS)	\$ 43,974
ATLANTA POSTAL CREDIT UNION (SAVINGS)	\$ 41,290
USAA INVESTMENTS (MUTUAL FUND)	\$ 31,688
T. ROWE PRICE (MUTUAL FUNDS)	\$ 8,248
BANK OF AMERICA (CHECKING ACCT)	\$ 3,980
SAN ANTONIO CITIZENS FCU (CHECKING & SAVINGS)	\$ 2,500
N.Y. LIFE INS. CO. (NET CASH VALUE)	\$ 5825

RECEIVED  
2010 APR 30 PM 12:02  
BRIAN L. O'RIEY  
SUPERVISOR OF ELECTIONS  
DADE CITY, FLORIDA

Your first name and initial

**WILLIAM G**

Last name

**SESTAK**

, 2017, ending

, 20

See separate instructions.

If a joint return, spouse's first name and initial

**PATRICIA B.**

Last name

**SESTAK**

Your social security number

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

**P.O. BOX 1254**

Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

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

**DADE CITY****FL****33526**

Foreign country name

Foreign province/state/country

Foreign postal code

Presidential Election Campaign

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

☐ You ☐ Spouse

## Filing Status

1

☐ Single

2

☒ Married filing jointly (even if only one had income)

3

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

4

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

5

☐ Qualifying widow(er) (see instructions)

Check only one box.

## Exemptions

6a

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

b

☒ Spouse

c

Dependents:

(1) First name

Last name

(2) Dependent's  
social security number(3) Dependent's  
relationship to you(4) ☒ if child under age 17 qual. for child tax credit (see instr.)

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

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

d

Total number of exemptions claimed

Add numbers on lines above ▶

## Income

7

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

8a

Taxable interest. Attach Schedule B if required

b

Tax-exempt interest. Do not include on line 8a

9a

Ordinary dividends. Attach Schedule B if required

b

Qualified dividends

10

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

11

Alimony received

12

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

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14

Other gains or (losses). Attach Form 4797

15a

IRA distributions

16a

Pensions and annuities

17

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

18

Farm income or (loss). Attach Schedule F

19

Unemployment compensation

20a

Social security benefits

21

Other income. List type and amount

22

Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

23

Educator expenses

24

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

25

Health savings account deduction. Attach Form 8889

26

Moving expenses. Attach Form 3903

27

Deductible part of self-employment tax. Attach Schedule SE

28

Self-employed SEP, SIMPLE, and qualified plans

29

Self-employed health insurance deduction

30

Penalty on early withdrawal of savings

31a

Alimony paid

32

IRA deduction

33

Student loan interest deduction

34

Tuition and fees. Attach Form 8917

35

Domestic production activities deduction. Attach Form 8903

36

Add lines 23 through 35

37

Subtract line 36 from line 22. This is your adjusted gross income ▶

## Adjusted Gross Income

7 126,185

8a 357

8b 5,395

9a 32,989

9b 31,162

10

11

12

13 7,708

14

15b

16b 14,857

17

18

19

20b 7,181

21

22 189,277

23

24

25

26

27

28

29

30

31a 18,000

32

33

34

35

36 18,000

37 171,277

SUPERVISOR OF ELECTIONS  
DADE CITY, FLORIDA

2018 APR 30 PM 12:02

RECEIVED



**Tax and Credits**

**Standard Deduction for—**

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

• All others:

Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions.

**Amount You Owe**

**Third Party Designee**

**Sign Here**

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

38	Amount from line 37 (adjusted gross income)	38	171,277
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <b>1</b>	39a	1
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	22,558
41	Subtract line 40 from line 38	41	148,719
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	140,619
44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	22,745
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	22,745
48	Foreign tax credit. Attach Form 1116 if required	48	300
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	300
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	22,445
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	22,445
64	Federal income tax withheld from Forms W-2 and 1099	64	20,861
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <b>66b</b>	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	20,861
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	1,584
79	Estimated tax penalty (see instructions)	79	

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name **RAYMOND EARL STURWOLD** Personal identification number (PIN) **[REDACTED]** Phone no. **863-682-5151**

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

Your signature **RAYMOND EARL STURWOLD** Date **03/18/18** Your occupation **COUNTY JUDGE** Daytime phone number **[REDACTED]**

Spouse's signature. If a joint return, both must sign. Date **03/18/18** Spouse's occupation **HOMEMAKER** If the IRS sent you an Identity Protection PIN, enter it here (see instr.) **[REDACTED]**

Print/Type preparer's name **RAYMOND EARL STURWOLD** Preparer's signature **[REDACTED]** Date **03/18/18** Check ☐ if self-employed PTIN **P00244522**

Paid **RAYMOND EARL STURWOLD**

Preparer Firm's name **HAMIC PREVITE & STURWOLD, P.A.** Firm's EIN **59-1949238**

Use Only Firm's address **1905 S. FLORIDA AVE. LAKELAND FL 33803** Phone no. **863-682-5151**

RECEIVED  
2018 APR 30 PM12:02  
BRIAN E. CORLEY  
SUPERVISOR OF ELECTIONS  
DADE COUNTY, FLORIDA

a Employee's social security number [REDACTED]		Payroll organization code 22-25-06-51-110		Intradepartment number 0000000052	
b Employer identification number 59-6001874		1 Wages, tips, other compensation 126,185.18		2 Federal income tax withheld 20,861.32	
c Employer's name, address, and ZIP code  State of Florida Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 127,200.00		4 Social security tax withheld 7,886.40	
		5 Medicare wages and tips 139,310.43		6 Medicare tax withheld 2,020.00	
		7 Social security tips		10 Dependent care benefits	
d Control number 017816 01/05		11 Nonqualified plans		12a See instructions for box 12 G 11,400.00	
e Employee's first name, mi, and last name  WILLIAM G SESTAK PO BOX 1254 DADE CITY, FL 33526-1254		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-Party sick pay <input type="checkbox"/>		12b DD 18,715.20	
		14 Other 125 2,160.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

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

Department of the Treasury - Internal Revenue Service

RECEIVED  
2017 APR 30 PM 12:02  
BRYAN E. CORLEY  
SUPERVISOR OF ELECTIONS  
DADE CITY, FLORIDA

<input type="checkbox"/> CORRECTED (if checked)			OMB No. 1545-0119 <b>2017</b> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  <b>Copy B</b> Report this income on your Federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.  This information is being furnished to the Internal Revenue Service.
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES, IA 50392-0001			1 Gross distribution \$ 14,857.20 2a Taxable amount \$ 14,857.20		
PAYER'S federal identification number 42-0127290			2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PATRICIA SESTAK P.O. BOX 1254 DADE CITY, FL 33526			3 Capital gain (included in box 2a) \$		
RECIPIENT'S identification number [REDACTED]			4 Federal income tax withheld \$		14 State distribution \$ 0.00
5 Employee contributions/Designated Roth contributions or insurance premiums \$			6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 7 IRA/SEP/SIMPLE <input type="checkbox"/>			8 Other \$ %		
9a Your percentage of total distribution %			9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	FATCA filing requirement <input type="checkbox"/>	12 State tax withheld \$		13 State/Payer's state no. FL /
Account number (see instructions) TRACKING #: 14229074T5			15 Local tax withheld \$		16 Name of locality
			17 Local distribution \$		

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service



# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2017

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

CU2156963-11161078804-1

CU2156963-11161078804-1

Box 1. Name <b>PATRICIA B SESTAK</b>		Box 2. Beneficiary's Social Security Number 
Box 3. Benefits Paid in 2017 <b>\$8,448.00</b>	Box 4. Benefits Repaid to SSA in 2017 <b>NONE</b>	Box 5. Net Benefits for 2017 (Box 3 minus Box 4) <b>\$8,448.00</b>
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>  Paid by check or direct deposit      \$8,448.00 Benefits for 2017      \$8,448.00		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>  <b>NONE</b>
		Box 6. Voluntary Federal Income Tax Withheld  <b>NONE</b>
		Box 7. Address  <b>PATRICIA B SESTAK PO BOX 1254 DADE CITY FL 33526-1254</b>
		Box 8. Claim Number (Use this number if you need to contact SSA.)  

Form SSA-1099-SM (1-2018)

DO NOT RETURN THIS FORM TO SSA OR IRS

**RECEIVED**  
**2010 APR 30 PM 12:02**  
**BRIAN E. CORLEY**  
**SUPERVISOR OF ELECTIONS**  
**DADE CITY, FLORIDA**



**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2017**

Attachment  
Sequence No.

**07**

Department of the Treasury  
Internal Revenue Service

(99)

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

Name(s) shown on Form 1040

**WILLIAM G & PATRICIA B. SESTAK**

Your social security number

**Medical  
and  
Dental  
Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

- |   |   |   |         |
|---|---|---|---------|
| 1 | Medical and dental expenses (see instructions)                        | 1 | 5,030   |
| 2 | Enter amount from Form 1040, line 38                                  | 2 | 171,277 |
| 3 | Multiply line 2 by 7.5% (0.075)                                       | 3 | 12,846  |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0       |

**Taxes You  
Paid**

- |   |   |   |       |
|---|---|---|-------|
| 5 | State and local (check only one box):<br>a <input type="checkbox"/> Income taxes, or<br>b <input checked="" type="checkbox"/> General sales taxes | 5 | 1,264 |
| 6 | Real estate taxes (see instructions)  | 6 | 5,877 |
| 7 | Personal property taxes   | 7 |       |
| 8 | Other taxes. List type and amount ▶   | 8 |       |
| 9 | Add lines 5 through 8   | 9 | 7,141 |

**Interest  
You Paid**

**Note:**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- |    |  |    |        |
|----|--|----|--------|
| 10 | Home mortgage interest and points reported to you on Form 1098   | 10 | 12,381 |
| 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | 11 |        |
| 12 | Points not reported to you on Form 1098. See instructions for special rules  | 12 |        |
| 13 | Mortgage insurance premiums (see instructions)   | 13 |        |
| 14 | Investment interest. Attach Form 4952 if required. See instructions.   | 14 |        |
| 15 | Add lines 10 through 14  | 15 | 12,381 |

**Gifts to  
Charity**

If you made a  
gift and got a  
benefit for it,  
see instructions.

- |    |  |    |       |
|----|--|----|-------|
| 16 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions                                      | 16 | 2,141 |
| 17 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | 895   |
| 18 | Carryover from prior year  | 18 |       |
| 19 | Add lines 16 through 18  | 19 | 3,036 |

**Casualty and  
Theft Losses**

- |    |  |    |  |
|----|--|----|--|
| 20 | Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 20 |  |
|----|--|----|--|

**Job Expenses  
and Certain  
Miscellaneous  
Deductions**

- |    |  |    |         |
|----|--|----|---------|
| 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions.<br><b>FLORIDA BAR DUES</b> | 21 | 265     |
| 22 | Tax preparation fees   | 22 | 375     |
| 23 | Other expenses—investment, safe deposit box, etc. List type and amount<br><b>SEE STATEMENT 1</b>   | 23 | 226     |
| 24 | Add lines 21 through 23  | 24 | 866     |
| 25 | Enter amount from Form 1040, line 38   | 25 | 171,277 |
| 26 | Multiply line 25 by 2% (0.02)  | 26 | 3,426   |
| 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-  | 27 | 0       |

**Other  
Miscellaneous  
Deductions**

- |    |   |    |  |
|----|---|----|--|
| 28 | Other—from list in instructions. List type and amount ▶ | 28 |  |
|----|---|----|--|

**Total  
Itemized  
Deductions**

- |    |  |    |        |
|----|--|----|--------|
| 29 | Is Form 1040, line 38, over \$156,900?<br><input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.<br><input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | 29 | 22,558 |
| 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here  |    |        |

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2017



Name(s) shown on return

WILLIAM G &amp; PATRICIA B. SESTAK

Your social security number

## Part I

## Interest

(See instructions  
and the  
instructions for  
Form 1040A, or  
Form 1040,  
line 8a.)Note: If you  
received a Form  
1099-INT, Form  
1099-OID, or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total interest  
shown on that  
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

NEW YORK LIFE INS CO  
SAN ANTONIO CITIZENS FCU  
ATLANTA POSTAL CREDIT UNION  
MORGAN STANLEY

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

81

2

272

2

357

357

## Part II

Ordinary  
Dividends(See instructions  
and the  
instructions for  
Form 1040A, or  
Form 1040,  
line 9a.)Note: If you  
received a Form  
1099-DIV or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the ordinary  
dividends shown  
on that form.

- 5 List name of payer ▶
- BLACKROCK US GOVERNMENT BOND  
BLACKROCK- NATIONAL MUNICIPAL  
MORGAN STANLEY SMITH BARNEY  
VANGUARD MORGAN GROWTH FUND ADM  
VANGUARD HEALTH CARE FUND INV  
VANGUARD HIGHYIELD CORP FUND INV  
VANGUARD DIVIDEND GROWTH FUND  
NATIONAL FINANCIAL SERVICES LLC  
TRP BLUE CHIP GROWTH  
TRP DIVIDEND GROWTH
- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a

Note: If line 6 is over \$1,500, you must complete Part III.

Amount

124

1

30,084

1,155

122

456

546

458

20

23

32,989

## Part III

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign  
Accounts  
and Trusts

(See instructions.)

- 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8 During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes No

X

X

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/ScheduleD](http://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.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. 12

Name(s) shown on return

**WILLIAM G & PATRICIA B. SESTAK**

Your social security number

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A checked</b>				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B checked</b>	20	18	0	2
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C checked</b>				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions			6	
<b>7</b> <b>Net short-term capital gain or (loss).</b> 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	2

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D checked</b>	16,208	17,235	0	-1,027
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E checked</b>	5,000	4,582	0	418
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F checked</b>				
<b>11</b> 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	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
<b>13</b> Capital gain distributions. See the instructions			13	8,315
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions			14	
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back			15	7,706

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

Schedule D (Form 1040) 2017

**Part III Summary**

16	Combine lines 7 and 15 and enter the result .....	16	7,708
<ul style="list-style-type: none"><li>If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li><li>If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li><li>If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li></ul>			
17	Are lines 15 and 16 <b>both</b> gains?		
<input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.			
<input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.			
18	If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet .....	18	
19	If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet .....	19	
20	Are lines 18 and 19 <b>both</b> zero or blank?		
<input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.			
<input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.			
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller of</b> :		
<ul style="list-style-type: none"><li>The loss on line 16 or</li><li>(\$3,000), or if married filing separately, (\$1,500)</li></ul>		21	( )
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
<input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).			
<input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.			

Schedule D (Form 1040) 2017

RECEIVED  
2018 APR 30 PM 12:02  
BRIANE E. CORLEY  
SUPERVISOR OF ELECTIONS  
DADE CITY, FLORIDA



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

Social security number or taxpayer identification number

**WILLIAM G & PATRICIA B. SESTAK**

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

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

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

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

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

1	(a) Description of property (Example: 100 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 Column (a) 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	
	ENBRIDGE INC	02/25/11	02/28/17	39	25			14
	EXXON MOBIL CORP	02/25/11	11/01/17	16,149	17,153			-1,004
	FRONTIER COMM CORP	02/25/11	07/07/17	6	43			-37
	XEROX CORP	08/01/11	06/14/17	14	14			0
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				16,208	17,235		0	-1,027

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



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

Social security number or taxpayer identification number

**WILLIAM G & PATRICIA B. SESTAK**

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

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

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

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

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 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 Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	CORAL IMPT WTR	02/25/11	06/01/17	5,000	4,582			418
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			5,000	4,582		0	418

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

Form 8949 (2017)



## Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction  
of over \$500 for all contributed property.

OMB No. 1545-0908

Attachment  
Sequence No. 155▶ Information about Form 8283 and its separate instructions is at [www.irs.gov/form8283](http://www.irs.gov/form8283).

Name(s) shown on your income tax return

WILLIAM G &amp; PATRICIA B. SESTAK

Identifying number

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities**—List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).**Part I Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	GOODWILL INDUSTRIES 2390 OAK WILLOW DRIVE WESLEY CHAPEL FL 33544	<input type="checkbox"/>	CLOTHING, BOOKS, HOUSEHOLD & MECHANICAL
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	VARIOUS	VARIOUS	PURCHASE	2,000	895	THRIFT SHOP VALUE
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶  
If Part II applies to more than one property, attach a separate statement.b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶  
(2) For any prior tax years ▶

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶

e Name of any person, other than the donee organization, having actual possession of the property ▶

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

Yes	No

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 8283 (Rev. 12-2014)

RECEIVED  
 2018 APR 30 PM 12:03  
 BRIAN E. CORLEY  
 SUPERVISOR OF ELECTIONS  
 TALLAHASSEE, FLORIDA

Statement 1 - Schedule A, Line 23 - Other Expenses

Description	Amount
OTHER INVESTMENT EXPENSE	\$ 175
SAFE DEPOSIT BOX	51
TOTAL	\$ 226

Client Copy

RECEIVED

2010 APR 30 PM12:03

BRIANE E. CORLEY  
SUPERVISOR OF ELECTIONS  
DADE CITY, FLORIDA

2017

Department of the Treasury  
Internal Revenue Service

- Return completed Form 8879 to your ERO. (Do not send to IRS.)  
► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) 

Taxpayer's name

WILLIAM G SESTAK

Social security number



Spouse's name

PATRICIA B. SESTAK

Spouse's social security number


**Part I Tax Return Information — Tax Year Ending December 31, 2017 (Whole dollars only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	171,277
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	22,445
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	20,861
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	1,584

**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, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. 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 acknowledgment 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 HAMIC PREVITE & STURWOLD, P.A. to enter or generate my PIN  as my signature on my tax year 2017 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 2017 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  Date **03/18/18**

Spouse's PIN: check one box only

- ☒ I authorize HAMIC PREVITE & STURWOLD, P.A. to enter or generate my PIN  as my signature on my tax year 2017 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 2017 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  Date **03/18/18****Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 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  Date **03/18/18**

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