

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Compton Kent Vincent

MAILING ADDRESS:

P.O. Box 157

CITY:

Zephyrhills

ZIP:

33542

COUNTY:

Pasco

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Pasco County Court Judge, Group 1

CHECK IF THIS IS A FILING BY A CANDIDATE



2018 APR 30 PM 1:18

BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

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 December 31, 20 17 was \$ 1,159,518.

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 \$ 60,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home	200,000
Vanguard Mutual Fund	711,738
Florida Retirement System	197,362
State of Florida Deferred Compensation - T. Rowe Price	68,930
Suncoast Credit Union Bank Accounts	21,413

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Credit Union, 12510 Hwy 301, Dade City, FL 33525	60,960
U.S. Dept. Education, P.O. Box 69184, Harrisburg, P.A. 17106	39,965

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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 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
N/A		
see additional documents		

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
N/A			
see additional documents			

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		
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
 2018 APR 30 PM 1:19
 BRIAN E. CORLEY
 SUPERVISOR OF ELECTIONS
 DADE CITY, 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 PASCO

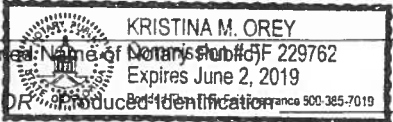
Sworn to (or affirmed) and subscribed before me this 30th day of April, 2018, by Kenneth Compton.

Kristina Ore
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public) KRISTINA M. OREY

Personally Known

Type of Identification Produced _____



Kat Compton
 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

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

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 for the latest information.

2017

Submission Identification Number (SID) ▶

Taxpayer's name
KENNETH V COMPTON

Social security number
[REDACTED]

Spouse's name
CATHI L COMPTON

Spouse's social security number
[REDACTED]

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	143,049
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	19,671
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	10,075
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	9,596

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 on my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize JOHN E. HENSON, CPA, PA to enter or generate my PIN [REDACTED] as my signature on my tax year 2017 electronically filed income tax return. 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 ▶ 03/08/18

Spouse's PIN: check one box only

I authorize JOHN E. HENSON, CPA, PA to enter or generate my PIN [REDACTED] as my signature on my tax year 2017 electronically filed income tax return. 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 ▶ 03/08/18

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. [REDACTED] 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 ▶ JOHN E HENSON Date ▶ 03/08/18

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

RECEIVED
2018 APR 30 PM 1:19
BLAKE CREEVER
DIRECTOR OF OPERATIONS

Taxpayer Name KENNETH V COMPTON
Spouse Name CATHI L COMPTON

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN _____

RECEIVED
2018 APR 30 PM 1:19
BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

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. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or 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 COPY

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 03/08/18

Taxpayer's PIN (enter five numbers, other than all zeroes)

Spouse's PIN (enter five numbers, other than all zeroes)

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

2017 Form 1040-V

Department of the Treasury
Internal Revenue Service

What Is Form 1040-V

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2017 Form 1040, Form 1040A, Form 1040EZ, or Form 1040NR.

Consider Making Your Tax Payment Electronically - It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment you will receive immediate confirmation from the IRS. Go to www.irs.gov/Payments to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying at IRS.gov don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Don't send cash. If you want to pay in cash, in person, see *Pay by cash*.

- Make sure your name and address appear on your check or money order.

- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2017 Form 1040," "2017 Form 1040A," "2017 Form 1040EZ," or "2017 Form 1040NR," whichever is appropriate.

- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$ XXX ^{XX}/₁₀₀").

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day transaction. To make a cash payment, you must first be registered online at www.officialpayments.com/fed our Official Payment provider.

How To Send In Your 2017 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return. Instead, just put them loose in the envelope.

- Mail your 2017 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to www.irs.gov/Payments.

Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all on www.irs.gov/Payments.

TAXPAYER'S COPY

Mail To: Internal Revenue Service

P.O. Box 1214
Charlotte, NC 28201-1214

Form 1040-V (2017)

▼ Detach Here and Mail With Your Payment and Return ▼
CUT HERE

Form **1040-V**

Payment Voucher

Department of the Treasury
Internal Revenue Service (99)

▶ Do not staple or attach this voucher to your payment or return.

BRIA E. DORLEY
 SUPERVISOR OF ELECTIONS
 DADE CITY, FLORIDA
 APR 30 5 19 PM '17
 RECEIVED

1 Your social security number (SSN) (if a joint return, SSN shown first on your return) [REDACTED]	2 If a joint return, SSN shown second on your return [REDACTED]	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars Cents 30, 50
4 Your first name and initial KENNETH V		Last name COMPTON	
If a joint return, spouse's first name and initial CATHI L		Last name COMPTON	
Home address (number and street) [REDACTED]		Apt. no. [REDACTED]	City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.) [REDACTED]
Foreign country name [REDACTED]		Foreign province/state/county [REDACTED]	
Foreign postal code [REDACTED]			

Form 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2017 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1—Dec. 31, 2017, or other tax year beginning 2017, ending , 20 See separate instructions.

Your first name and initial KENNETH V Last name COMPTON Your social security number [REDACTED]

If a joint return, spouse's first name and initial CATHI L Last name COMPTON Spouse's social security number [REDACTED]

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

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

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.

Filing Status 1 Single 2 [X] 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)

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [X] Spouse. 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if child under age 17 qual. for child tax credit (see instr). Boxes checked on 6a and 6b 2 No. of children on 6c who: 1 • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 3

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 112,020 8a Taxable interest. Attach Schedule B if required 8a 202 b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 8,088 b Qualified dividends 9b 4,114 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [X] 13 9,426 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount 15b 15,000 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 144,736

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 1,687 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 1,687 37 Subtract line 36 from line 22. This is your adjusted gross income 37 143,049

TAXPAYER'S COPY

RECEIVED 2018 APR 30 PM 1:19 BRIAN E. CORLEY SUPERVISOR OF ELECTIONS DADE CITY, FLORIDA

38	Amount from line 37 (adjusted gross income)	38	143,049
39a	Check <input 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 39a	39a	
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700
41	Subtract line 40 from line 38	41	130,349
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	118,199
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	19,671
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	19,671
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy 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	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	19,671
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	19,671
64	Federal income tax withheld from Forms W-2 and 1099	64	10,075
65	2017 estimated tax payments and amount applied from 2018 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b	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 checked="" 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	10,075
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 <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
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	9,596
79	Estimated tax penalty (see instructions)	79	

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

Designee's name **JOHN E HENSON** Personal identification number (PIN) **33542** Phone no. **813-782-0580**

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 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 **ATTORNEY** Date Your occupation **ATTORNEY** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation **ELEMENTARY TEACHER** If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name **JOHN E HENSON** Preparer's signature **JOHN E HENSON** Date **04/02/18** Check if self-employed PTIN **P01208984**

Paid Preparer Use Only Firm's name **JOHN E. HENSON, CPA, PA** Firm's EIN

Firm's address **5315 Eighth Street Zephyrhills FL 33542-4312** Phone no. **813-782-0580**

TAXPAYER'S COPY

RECEIVED

APR 30 PM 1:19

BRUCE E. CORLEY
SUPERVISOR OF ELECTIONS
STATE OF FLORIDA

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

2017

Attachment Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.
▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

Name(s) shown on return

KENNETH V & CATHI L COMPTON

Your social security number

[REDACTED]

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 ▶ SUNCOAST CREDIT UNION		
2	Add the amounts on line 1	202	
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	202	

	Amount
1	202
2	202
3	
4	202

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

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 ▶ VANGUARD - 500 INDEX FD VANGUARD WELLINGTON FD		
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	124 7,964	

	Amount
5	124 7,964
6	8,088

RECEIVED
 2018 APR 30 PM 1:19
 BRADLEY CORLEY
 SUPERVISOR OF ELECTIONS
 DADE CITY, FLORIDA

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

Part III

Foreign Accounts and Trusts

(See instructions.)

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.

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	Yes	No
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

Form 1040	Qualified Dividends and Capital Gain Tax Worksheet	2017
------------------	---	-------------

Name KENNETH V & CATHI L COMPTON	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

1. Enter the amount from Form 1040, line 43. However if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheets	1.	<u>118,199</u>
2. Enter the amount from Form 1040, line 9b*	2.	<u>4,144</u>
3. Are you filing Schedule D? <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0- <input checked="" type="checkbox"/> No. Enter the amount from Form 1040, line 13	3.	<u>9,426</u>
4. Add lines 2 and 3	4.	<u>13,570</u>
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	<u>0</u>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>13,570</u>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>104,629</u>
8. Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household.	8.	<u>75,900</u>
9. Enter the smaller of line 1 or line 8	9.	<u>75,900</u>
10. Enter the smaller of line 7 or line 9	10.	<u>75,900</u>
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	<u>0</u>
12. Enter the smaller of line 1 or line 6	12.	<u>13,570</u>
13. Enter the amount from line 11	13.	<u>0</u>
14. Subtract line 13 from line 12	14.	<u>13,570</u>
15. Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household.	15.	<u>470,700</u>
16. Enter the smaller of line 1 or line 15	16.	<u>118,199</u>
17. Add lines 7 and 11	17.	<u>104,629</u>
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	<u>13,570</u>
19. Enter the smaller of line 14 or line 18	19.	<u>13,570</u>
20. Multiply line 19 by 15% (0.15)	20.	<u>2,036</u>
21. Add lines 11 and 19	21.	<u>13,570</u>
22. Subtract line 21 from line 12	22.	<u>0</u>
23. Multiply line 22 by 20% (0.20)	23.	<u>0</u>
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>17,635</u>
25. Add lines 20, 23, and 24	25.	<u>19,671</u>
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	<u>21,027</u>
27. Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040, line 44. (If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet)	27.	<u>19,671</u>

RECEIVED
2018 APR 30 PM 1:19
BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

TAXPAYER'S COPY

*If you are filing Form 2555 or 2555-EZ, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Form **1040****Student Loan Interest Deduction Worksheet****2017**

Name(s) as shown on return

Taxpayer Identification Number

KENNETH V & CATHI L COMPTON

1. Enter the total interest you paid in 2017 on qualified students. Do not enter more than \$2,500	1. <u>2,500</u>
2. Enter the amount from Form 1040, line 22 or 1040A, line 15 Do not include any amounts from foreign earned income exclusion, foreign housing exclusion, exclusion of income from U.S. possessions, exclusion of income from Puerto Rico by bona fide residents of Puerto Rico	2. <u>144,736</u>
3. Enter the total of the amounts from Form 1040, lines 23 through 32, plus any write-in adjustments you entered on the dotted line next to line 36, or 1040A, lines 16 and 17	3. _____
4. Modified AGI. Subtract line 3 from line 2 Note: If line 4 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$165,000 or more if married filing jointly, stop here . You cannot take the deduction	4. <u>144,736</u>
5. Enter: \$65,000 if single, head of household, or qualifying widow(er); \$135,000 if married filing jointly	5. <u>135,000</u>
6. Subtract line 5 from line 4. If zero or less, enter -0- here and on line 8, skip line 7, and go to line 9	6. <u>9,736</u>
7. Divide line 6 by \$15,000 if single, head of household, or qualifying widow(er); \$30,000 if married filing jointly Enter the result as a decimal (rounded to at least three decimal places)	7. <u>0.325</u>
8. Multiply line 1 by line 7	8. <u>813</u>
9. Student loan interest deduction. Subtract line 8 from line 1. Enter the result here and on Form 1040, line 33, or 1040A, line 18. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	9. <u>1,687</u>

TAXPAYER'S COPY

RECEIVED
2018 APR 30 PM 1:19
BRIANE E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

Form 1040	Roth IRA Worksheets	2017
------------------	----------------------------	-------------

Name KENNETH V & CATHI L COMPTON	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>
--	--

Taxpayer IRA

Spouse IRA

Modified adjusted gross income for Roth IRA contributions _____

Roth IRA Contribution Worksheet

1. Enter your taxable compensation	1.		
2. Enter the smaller of line 1 or \$5,500 (\$6,500 if 50 or older)	2.		
3. Enter your total contributions to traditional IRAs for 2017	3.		
4. Subtract line 3 from line 2	4.		
5. Enter: \$196,000 if married filing jointly or qualifying widow(er); \$10,000 if married filing separately and you lived with your spouse at any time during the year. All other filers, enter \$133,000	5.		
6. Enter your modified AGI for purposes of Roth IRAs	6.		
7. Subtract line 6 from line 5. If zero or less, stop here ; you may not contribute to a Roth IRA for 2017. See Recharacterizations on page 3 of Form 8606 instructions if you made Roth IRA contributions for 2017	7.	0	0
8. If line 5 above is \$133,000, enter \$15,000; otherwise, enter \$10,000. If line 7 is greater than or equal to line 8, skip lines 9 and 10, and enter the amount from line 4 on line 12	8.		
9. Divide line 7 by line 8 and enter the result as a decimal (rounded to at least 3 places). Do not enter more than "1.000"	9.		
10. Multiply line 2 by line 9. If the result is not a multiple of \$10, round it up to the next multiple of \$10 (e.g., round \$611.40 to \$620)	10.		
11. Enter the greater of \$200 or the amount on line 10	11.		
12. Maximum 2017 Roth IRA contribution. Enter the smaller of line 4 or line 11. See Recharacterizations on page 3 of Form 8606 instructions if you contributed more than this amount to Roth IRAs for 2017	12.		

TAXPAYER'S COPY

Taxpayer IRA

Spouse IRA

Modified adjusted gross income for Roth IRA conversions (does not include minimum required distributions) _____

Worksheet for Determining Roth IRA Basis Amounts

1. Basis in your Roth IRA contributions as of December 31, 2016	1.	3,000	
2. Enter your Roth IRA contributions for 2017, adjusted for any recharacterizations	2.		
3. Add lines 1 and 2	3.	3,000	
4. Enter the amount, if any, from Form 8606, line 19	4.		
5. Contribution basis deducted as loss on Schedule A, line 23, not reduced by distributions	5.		
6. Basis in your Roth IRA contributions as of December 31, 2017. Subtract lines 4 and 5 from line 3. If zero or less, enter -0-	6.	3,000	0
7. Basis in your Roth IRA conversions as of December 31, 2016	7.		
8. Enter the amount(s), if any, from Form 8606 line 16	8.		
9. Add lines 7 and 8	9.		
10. Enter the amount, if any, from Form 8606, line 23	10.		
11. Conversion basis deducted as loss on Schedule A, line 23, not reduced by distributions	11.		
12. Basis in your Roth IRA conversions as of December 31, 2017. Subtract line 10 and 11 from line 9. If zero or less, enter -0-	12.	0	0

RECEIVED
 2018 APR 30 PM 1:19
 BRIAN E. CORLEY
 SUPERVISOR OF ELECTIONS
 DADE COUNTY, FLORIDA

Federal Statements**Form 1040, Dividend Income**

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>
VANGUARD - 500 INDEX FD	\$ 124	\$ 124
VANGUARD - WELLINGTON FD	7,964	4,020
Total	\$ <u>8,088</u>	\$ <u>4,144</u>

Capital Gain Distributions

<u>Payer</u>	<u>Capital Gain Distribution</u>
VANGUARD - WELLINGTON FD	\$ 9,426
Total	\$ <u>9,426</u>

TAXPAYER'S COPY

RECEIVED
2018 APR 30 PM 1:19
BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

Federal Statements

STATE OF FLORIDA

Form W-2, Box 12

Description	Amount
Section 457(b) contributions	\$ 5,962
Cost of employer-sponsored health coverage	18,715
Total	\$ 24,677

STATE OF FLORIDA

Form W-2, Box 14 - Other

Description	Amount
IRC Section 125 flexible benefits program	\$ 1,461
Total	\$ 1,461

TAXPAYER'S COPY

RECEIVED
2018 APR 30 PM 1:19
BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

Federal Statements**DISTRICT SCHOOL BRD OF PASCO CNTY****Form W-2, Box 12**

<u>Description</u>	<u>Amount</u>
Cost of employer-sponsored health coverage	\$ 16
Designated Roth contribution to a section 403(b) agreem	4,000
Total	<u>\$ 4,016</u>

DISTRICT SCHOOL BRD OF PASCO CNTY**Form W-2, Box 14 - Other**

<u>Description</u>	<u>Amount</u>
Section 414(h) contributions	\$ 1,233
Total	<u>\$ 1,233</u>

TAXPAYER'S COPY

RECEIVED
2018 APR 30 PM 1:19
BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

Form **1040**

Carryover Report

2017

Name **KENNETH V & CATHI L COMPTON** Taxpayer Identification Number XXXXXXXXXX

Carryover Item	Available to 2017	2017 Amounts		Carryover to 2018
Excess section 179	_____	_____	_____	_____
Excess section 179 - AMT	_____	_____	_____	_____
Minimum tax credit	_____	_____	_____	_____
Investment interest	_____	_____	_____	_____
Investment interest - AMT	_____	_____	_____	_____
Short-term capital loss	_____	_____	_____	_____
Short-term capital loss - AMT	_____	_____	_____	_____
Long-term capital loss	_____	_____	_____	_____
Long-term capital loss - AMT	_____	_____	_____	_____
Residential energy efficient property	_____	_____	_____	_____
D.C. first-time homebuyer credit	_____	_____	_____	_____
Tax credit bonds	_____	_____	_____	_____

Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2012 Amounts	_____	_____
2013 Amounts	_____	_____
2014 Amounts	_____	_____
2015 Amounts	_____	_____
2016 Amounts	Generated	18,817
Available to 2017		18,817

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2012 Amounts	_____	_____
2013 Amounts	_____	_____
2014 Amounts	_____	_____
2015 Amounts	_____	_____
2016 Amounts	Generated	18,817
Available to 2017		18,817

2017 Amounts
Carryover to 2018 **18,817**

2017 Amounts
Carryover to 2018 **18,817**

TAXPAYER'S COPY

RECEIVED
2018 APR 30 PM 1:19
BRIAN E. CORLEY
SUPERVISOR OF ELECTIONS
DADE CITY, FLORIDA

Form **1040**

IRA Distribution Report

2017

Name

Taxpayer Identification Number

KENNETH V & CATHI L COMPTON

T/S	Payer	Gross Distribution 1099-R Box 1	Taxable Amount 1099-R Box 2a <small>[less rollover amount]</small>
A	T VANGUARD FIDUCIARY TRUST CO	15,000	15,000
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
	Taxpayer	15,000	15,000
	Spouse		
	Total	15,000	15,000

TAXPAYER'S COPY

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp							
Sp							
Total							

BRIAN E. CORLEBY
 SUPERVISOR OF ELECTIONS
 DADE COUNTY, FLORIDA

2018 APR 30 PM 1:19

RECEIVED

Form **1040**

Salaries & Wages Report

2017

Name **KENNETH V & CATHI L COMPTON** Taxpayer Identification Number XXXXXXXXXX

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	STATE OF FLORIDA	64,867	7,500	73,065
B T	CITY OF ZEPHYRHILLS	6,000		6,000
C S	DISTRICT SCHOOL BRD OF PASCO CNTY	41,153	2,575	42,386
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		70,867	7,500	79,065
Spouse		41,153	2,575	42,386
Totals		112,020	10,075	121,451

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	4,530	73,065	1,059				1,461
B	372	6,000	87				
C	2,628	42,386	615				1,233
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	4,902	79,065	1,146				1,461
Spouse	2,628	42,386	615				1,233
Totals	7,530	121,451	1,761				2,694

TAXPAYER'S COPY

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	FL					
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer						
Spouse						
Totals						

RECEIVED
 APR 30 PM 1:19
 BRIAN J. CORLEY
 SUPERVISOR OF ELECTIONS
 DADE COUNTY, FLORIDA

Form **1040** **Reconciliation Worksheet - Taxable Income & Tax** **2017**

Name **KENNETH V & CATHI L COMPTON** Taxpayer Identification Number [REDACTED]

Reconciliation Tax Summary

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status Married filing jointly
 Tax Method Qualified Dividends & Capital Gain Tax Worksheet
 Tax Pct Total Tax (In 27) divided Total Taxable Income (In 19) 17.0%

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	104,629	25.0%	17,635	\$75,900 - \$153,100	48,471
Capital Income	13,570	15.0%	2,036	\$75,900 - \$470,700	457,130
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

Income taxed at ordinary rates	(a) Taxable Income	(b) Tax*
1. 10% rate <small>Maximum taxable income per this bracket: \$18,650</small>	1a. 18,650	1b. 1,869
2. 15% rate <small>Maximum taxable income per this bracket: \$57,250</small>	2a. 57,250	2b. 8,590
3. 25% rate <small>Maximum taxable income per this bracket: \$77,200</small>	3a. 28,729	3b. 7,176
4. 28% rate	4a.	4b.
5. 33% rate	5a.	5b.
6. 35% rate	6a.	6b.
7. 39.6% rate	7a.	7b.
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 104,629	8b. 17,635

Income taxed at capital gains rates	(a) Taxable Income	(b) Tax*
9. 0% capital gains rate	9a.	9b.
10. 15% capital gains rate <small>Maximum taxable income per this bracket: \$394,800</small>	10a. 13,570	10b. 2,036
11. 20% capital gains rate	11a.	11b.
12. 25% capital gains rate <small>Unrecaptured Section 1250 Gain</small>	12a.	12b.
13. 28% capital gains rate <small>Small business stock, collectibles</small>	13a.	13b.
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13.	14a. 13,570	14b. 2,036

Total taxable income	(a) Taxable Income	(b) Tax*
15. Total ordinary taxable income. Enter the amount from line 8a.	15a. 104,629	15b. 17,635
16. Total capital gains taxable income. Enter the amount from line 14a.	16a. 13,570	16b. 2,036
17. Add lines 15 and 16.	17a. 118,199	17b. 19,671
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18a.	18b.
19. Taxable income reported on 1040, line 43 (1040A, line 27, 1040EZ, line 6, 1040NR, line 41, or 1040NR-EZ, line 17). Subtract line 18 from line 17.	19a. 118,199	19b. 19,671

Total tax	(a) Taxable Income	(b) Tax*
20. Total ordinary tax. Enter the amount from line 8b.	20a. 17,635	20b. 19,671
21. Total capital gains tax. Enter the amount from line 14b.	21a. 2,036	21b. 19,671
22. Tax on child's interest and dividend.	22a.	22b.
23. Tax on lump-sum distribution.	23a.	23b.
24. Other taxes.	24a.	24b.
25. Add lines 20 through 24.	25a. 19,671	25b. 19,671
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26a.	26b.
27. Total tax reported on 1040, line 44, (1040A, line 28, 1040EZ, line 10, 1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.	27a. 19,671	27b. 19,671

RECEIVED
 APR 30 PM 1:18
 BILIAN E. GORLEY
 SUPERVISOR OF ELECTIONS
 TALLAHASSEE, FLORIDA

TAXPAYER'S COPY

1040

Federal Return Summary

2017

Name

KENNETH V & CATHI L COMPTON

Taxpayer Identification Number



Tax Form 1040

Filing Status MFJ

Tax Method Used Qual Div Cap Gain Wrk

Dependents 1

Healthcare Full-year coverage

Income

Salaries & wages	112,020
Taxable interest income	202
Tax exempt interest	
Dividend income	8,088
Qualified dividends	4,144
Taxable state/local refunds	
Alimony received	
Business income/-loss	
Capital gain/-loss	9,426
Other gain/-loss (Form 4797)	
Taxable IRA distributions	15,000
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	144,736

Tax Computation

Regular tax	19,671
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	19,671
Child and dependent care credit	
Education credits	
Other credits	
Total credits	
Tax after credits	19,671
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
Total tax	19,671

Payments

Federal income tax withheld	10,075
Estimated payments	
Other payments/credits	
Total payments	10,075

TAXPAYER'S COPY

Adjustments

Moving expenses	
Deductible part of self-employment tax	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	1,687
Other adjustments	
Total adjustments	1,687
Adjusted gross income	143,049

Refund/Amount Due

Amount overpaid	
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	9,596
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	9,596

2018 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total Estimates	

Tax Rates

Marginal tax rate - Ordinary income *	25.0 %
Marginal tax rate - Capital income*	15.0 %
Effective tax rate	17.0 %

RECEIVED
 2018 APR 30 PM 1:19
 BRIAN E. GORLEY
 SUPERVISOR OF ELECTIONS
 DADE CITY, FLORIDA

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.