

## FORM 6

FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS

2017

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

LAST NAME — FIRST NAME — MIDDLE NAME:

Riba Joshua B

MAILING ADDRESS:

30725 US Highway 19 North, #133

CITY:

Palm Harbor

ZIP:

FL

COUNTY:

Pinellas

NAME OF AGENCY:

Sixth Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Judge *Group 11*

CHECK IF THIS IS A FILING BY A CANDIDATE



2018 APR 30 PM 12:02

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

## 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 15 April, 20 18 was \$ 514,362.07

## 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 \$ 15,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House <span style="background-color: black; color: black;">[REDACTED]</span> [PROTECTED BY STATUTE]	\$200,685.00
Primary Vehicle	\$34,502.00
Secondary Vehicle	\$3,728.00
Total from Supplemental Page	\$417,467.42

## PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank of America, Attn: FL-1-300-01-29, PO Box 25118, Tampa, FL 33533-0900	\$95,809.71
Bank of America, N.A., P.O. Box 31785, Tampa, FL 33631-3785	\$41,087.05
Gateway One Lending & Finance, 160 N. Riverview Drive, Suite 100, Anaheim, CA 92808	\$17,392.91

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	

# PART D – INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. 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
See Attached 2017 Tax Return		

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			

## 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			

## 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 Pinellas

Sworn to (or affirmed) and subscribed before me this 25 day of

April, 20 18 by James Risa

Kim M Pelaez  
(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 ☒

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JOSHUA RIBA  
2017 FORM 6  
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS  
(CONTINUED)

SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

PART B

Motorcycle		\$ 5,840.00
Motorcycle		\$ 9,830.00
Bank Accounts	(Bank of America)	\$ 98,296.34
Custodial Bank Account FBO Nathan Riba	(Bank of America)	\$ 5,059.51
IRA	(Stifel, Nicolaus & Company, Inc. <sup>i</sup> )	\$ 21,130.75
Roth IRA	(Stifel, Nicolaus & Company, Inc. <sup>ii</sup> )	\$ 10,945.45
Mutual Funds	(Stifel, Nicolaus & Company, Inc. <sup>iii</sup> )	\$ 54,443.11
529 Plan FBO Nathan Riba	(American Funds from Capital Group <sup>iv</sup> )	\$ 62,452.82
529 Plan FBO Jacob Riba	(Franklin Templeton Investments <sup>v</sup> )	\$ 33,647.64
Florida Deferred Compensation	(Nationwide Retirement Solutions <sup>vi</sup> )	\$113,161.80
State of Israel Bonds		\$ 2,360.00
US Bonds		\$ 300.00

SUPPLEMENTAL PAGE TOTAL: \$417,467.42

<sup>i</sup> FRANKLN RISING DIVIDENDS.

<sup>ii</sup> FRANKLNFOUNDING ALLOC.

<sup>iii</sup> ADOBE SYSTEMS INC, AKAMAI TECHNOLOGIES INC, ALEXION PHARMACEUTICALS INC, ALPHABET INC, AMAZON.COM INC, AMERICAN EXPRESS COMPANY, ANHEUSER BUSCH INBEV, APPLE INC, BIOGEN INC, BLACKROCK INC, CVS HEALTH CORP, CATERPILLAR INC, CELGENE CORP, CHIPOTLE MEXICAN GRILL INC, COCOA-COLA COMPANY, COMCAST CORP, COSTCO WHOLESALE CORP DESTSPLY SIRONA INC, WALT DISNEY CO, EBAY INC, ECOLAB INC, EQUINIX INC, FACEBOOK INC, GRAINGER W W INC, HOME DEPOT INC, HONEYWELL INTL INC, JOHNSON & JOHNSON, MC CORMICK & COMPANY INC, MICROSOFT CORP, ORACLE CORP, PALO ALTO NETWORKS INC, PAYPAL HOLDINGS INC, PIONEER NATURAL RESOURCES COMPANY, PRAXAIR INC, RED HAT INC, REGENERON PHARMACEUTICALS INC, SCHLUMBERGER LTD, SCHWAB CHARLES CORP, SPLUNK INC, TEXAS INSTRUMENTS INC, THERMO FISHER SCIENTIFIC INC, UNITED PARCEL SERVICE, UNITEDHEALTH GROUP INC, VISA INC, VMWARE INC, YUM CHINA HOLDINGS INC, and ZOETIS INC.

<sup>iv</sup> AMCAP Fund-529A, Capital World Bond Fund-529A, SMALLCAP World Fund-529A, and Washington Mutual Investors Fund-529A.

<sup>v</sup> Franklin Growth Allocation Age 9-12 Years 529 Portfolio Class A.

<sup>vi</sup> Vngrd RealEst Indx Inst, JPM SmCaps Eq I, AmFds New Wld R4, Bangrd SPMdCap500 Indx R4, Vngrd SPMdCap500 Indx Inst, Fid Contra, Invsco Divrs R5, Vngrd RealEst Indx Inst, JPM SmCap Eq I, AmFds New Wld R4, Vngrd SPMdCap400 Indx Inst, Fid Contra, and Invsco Divrs Divd R5.

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

Your first name and initial **JOSHUA B.** Last name **RIBA** Your social security number **\*\*\*-\*\*-\*\*\*\***

If a joint return, spouse's first name and initial **MARI E.** Last name **RIBA** Spouse's social security number **\*\*\*-\*\*-\*\*\*\***

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). **FL** 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

Foreign country name Foreign province/state/county Foreign postal code

**Filing Status** 1 ☐ Single 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. 2 ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) (see instructions) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **Check only one box.**

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a 6b ☒ Spouse Boxes checked on 6a and 6b **2**

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.) No. of children on 6c who: ☐ lived with you **1** ☐ did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above **3**

HALEY N.	BARNETT	***-**-****	DAUGHTER	<input type="checkbox"/>
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d Total number of exemptions claimed **3**

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **120,607** 8a Taxable interest. Attach Schedule B if required **101** b Tax-exempt interest. Do not include on line 8a **8b** 9a Ordinary dividends. Attach Schedule B if required **1,874** b Qualified dividends **9b 1,515** 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 **24,691** 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **2,966** 14 Other gains or (losses). Attach Form 4797 15a IRA distributions **15a** b Taxable amount **15b** 16a Pensions and annuities **16a** b Taxable amount **16b** 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 **20a** b Taxable amount **20b** 21 Other income. List type and amount **DUCKS UNLIMITED - PRIZE** **350** 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **150,589**

**Adjusted Gross 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 **1,745** 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN **31a** 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 **1,745** 37 Subtract line 36 from line 22. This is your adjusted gross income **148,844**

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38 Amount from line 37 (adjusted gross income)		38	148,844
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
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	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	12,700
	41 Subtract line 40 from line 38	41	136,144
	42 Exemptions. If line 38 is \$168,900 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	123,994
	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	22,055
	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	22,055
	48 Foreign tax credit. Attach Form 1116 if required	48	10
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	10	
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	22,045	
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	3,489
	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	25,534	
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	19,467
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election <input type="checkbox"/> 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"/> 6885 d <input type="checkbox"/>	73		
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	19,467	
Refund	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		
Direct deposit? See instructions.	d Account number <input type="text"/>		
	77 Amount of line 75 you want applied to your 2018 estimated tax <input type="checkbox"/> 77		
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	6,070
	79 Estimated tax penalty (see instructions)	79	3

**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 **JAMES W. FREEMAN, JR.** Personal identification number (PIN) **18783** Phone no. **727-725-2727**

**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 **\_\_\_\_\_** Date **\_\_\_\_\_** Your occupation **COUNTY JUDGE**

Spouse's signature, if a joint return, both must sign. **\_\_\_\_\_** Date **\_\_\_\_\_** Spouse's occupation **SALES / CONSULTING**

Daytime phone number **\_\_\_\_\_**

If the IRS sent you an Identity Protection PIN, enter it here (see instr.) **\_\_\_\_\_**

**Paid** Print/Type preparer's name **JAMES W. FREEMAN, JR.** Preparer's signature **\_\_\_\_\_** Date **04/23/18** Check ☐ if self-employed PTIN **\*\*\*\*\***

**Preparer Use Only** Firm's name **SMITH & FREEMAN, PA, CPA'S** Firm's EIN **\*\*-\*\*\***

Firm's address **28100 US HIGHWAY 19 N STE 303 CLEARWATER FL 33761-2657** Phone no. **727-725-2727**



**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service

(99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

**MARI E. RIBA**

Social security number (SSN)

\*\*\*-\*\*-\*\*\*\*

**A** Principal business or profession, including product or service (see instructions)

**SALES & POLITICAL CONSULTING**

**B** Enter code from instructions

▶ **454111**

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN) (see instr.)

**E** Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

**FL**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2017, check here

**I** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☒ No

**J** If "Yes," did you or will you file required Forms 1099?

☐ Yes ☒ No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	<b>1</b>	<b>48,073</b>
<b>2</b> Returns and allowances		<b>2</b>	<b>291</b>
<b>3</b> Subtract line 2 from line 1		<b>3</b>	<b>47,782</b>
<b>4</b> Cost of goods sold (from line 42)		<b>4</b>	<b>15,280</b>
<b>5</b> Gross profit. Subtract line 4 from line 3		<b>5</b>	<b>32,502</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6		<b>7</b>	<b>32,502</b>

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising	<b>8</b>	<b>500</b>	<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>2,675</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	<b>301</b>
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	<b>519</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>115</b>	<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a			<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7			<b>27a</b> Other expenses (from line 48)	<b>27a</b>	<b>2,104</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			<b>27b</b> Reserved for future use	<b>27b</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			<b>28</b>	<b>28</b>	<b>6,214</b>
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			<b>29</b>	<b>29</b>	<b>26,288</b>
			<b>30</b>	<b>30</b>	<b>1,597</b>
			<b>31</b>	<b>31</b>	<b>24,691</b>
			<b>32a</b>	<input type="checkbox"/> All investment is at risk.	
			<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.	

\*\*\*-\*\*-

## Schedule C (Form 1040) 2017



**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

**JOSHUA B. & MARI E. RIBA**

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>5,174</b>	<b>4,896</b>	<b>0</b>	<b>278</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B checked</b>				
<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 8252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			<b>6</b>	
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			<b>7</b>	<b>278</b>

**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 II, 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>	<b>3,717</b>	<b>2,776</b>	<b>0</b>	<b>941</b>
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E checked</b>				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F checked</b>	<b>0</b>	<b>237</b>	<b>0</b>	<b>-237</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			<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			<b>12</b>	
<b>13</b> Capital gain distributions. See the instructions			<b>13</b>	<b>1,984</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back			<b>15</b>	<b>2,688</b>

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	2,966
<ul style="list-style-type: none"> <li>• If line 16 is a gain, 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 loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is zero, 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 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. 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 both zero or blank? <input checked="" type="checkbox"/> Yes. 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). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the <b>Schedule D Tax Worksheet</b> in the instructions. Don't 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 smaller of: <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	( )
Note: 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"/> Yes. 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"/> No. Complete the rest of Form 1040 or Form 1040NR.		

**Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **12A**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

**JOSHUA B. & MARI E. RIBA**

Social security number or taxpayer identification number

\*\*\*-\*\*-\*\*\*\*

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

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (g) 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	
	SEE ATTACHED STIFEL ACCT							
		VARIOUS	VARIOUS	5,174	4,896			278
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			5,174	4,896		0	278

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

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

Form **8949** (2017)

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

\*\*\*-\*\*-\*\*\*\*

**JOSHUA B. & MARI E. RIBA**

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 (a) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SEE ATTACHED STIFEL ACCT {	VARIOUS	VARIOUS	3,717	2,776			941
<b>2</b>	<b>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) ▶			<b>3,717</b>	<b>2,776</b>		<b>0</b>	<b>941</b>

**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

**JOSHUA B. & MARI E. RIBA**

\*\*\*-\*\*-\*\*\*\*

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	
	ROCK CREEK - WORTHLESS	06/26/09	12/29/17	0	237			-237
2	Totals. Add the amounts in columns (c), (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) ▶			0	237		0	-237

**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.

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

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

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

**MARI E. RIBA**

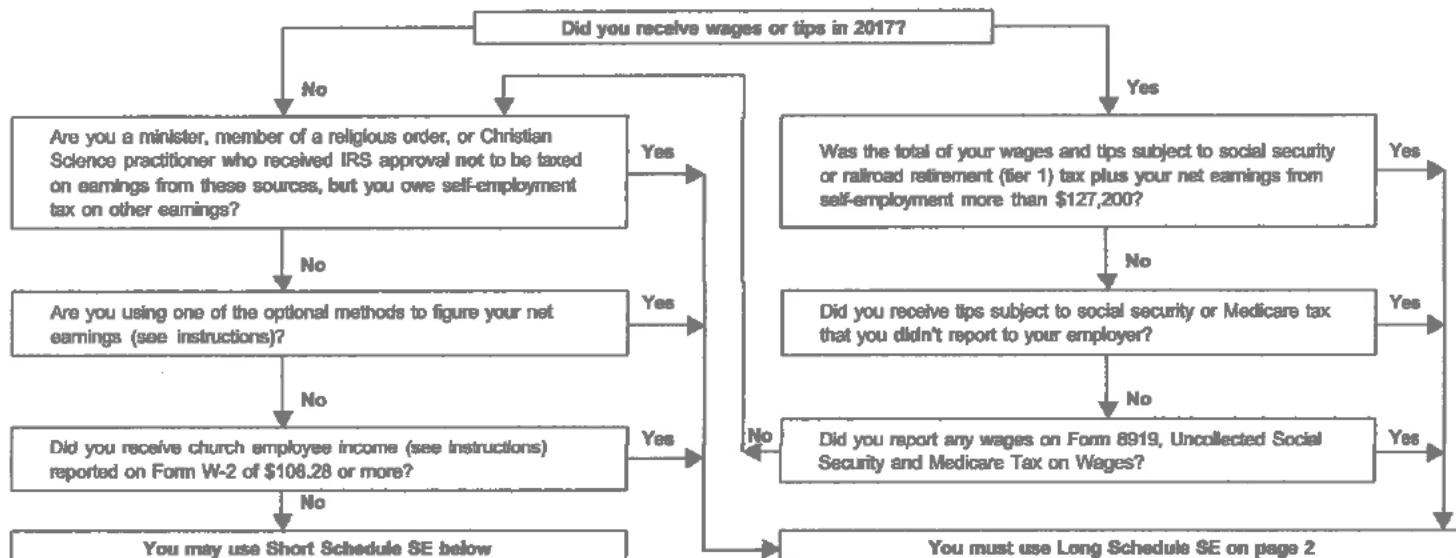
Social security number of person  
with self-employment income ►

\*\*\*-\*\*-\*\*\*\*

*Before you begin:* To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A — Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.**

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	<b>1b</b>	( )
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	<b>2</b>	<b>24,691</b>
<b>3</b> Combine lines 1a, 1b, and 2	<b>3</b>	<b>24,691</b>
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b <b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	<b>22,802</b>
<b>5</b> Self-employment tax. If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55	<b>5</b>	<b>3,489</b>
<b>6</b> Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	<b>6</b>	<b>1,145</b>

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

Schedule SE (Form 1040) 2017

## Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2017

Attachment  
Sequence No. 19Department of the Treasury  
Internal Revenue Service

(99)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Name

Identifying number as shown on page 1 of your tax return

JOSHUA B. RIBA

\*\*\*-\*\*-\*\*\*\*

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☒ Passive category income      c ☐ Section 901(j) income      e ☐ Lump-sum distributions  
b ☐ General category income      d ☐ Certain income re-sourced by treaty

f Resident of (name of country) ▶ **US UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

g Enter the name of the foreign country or U.S. possession ▶	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	OC	C	
1a Gross income from sources within country shown above and of the type checked above (see instructions):	VARIOUS			
<b>DIVIDENDS &amp; INTEREST</b>		265		1a 265
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
<b>Deductions and losses (Caution: See instructions):</b>				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)		12,700		
b Other ded. (attach stmt.)				
c Add lines 3a and 3b		12,700		
d Gross foreign source income (see instructions)		265		
e Gross income from all sources (see instructions)		158,637		
f Divide line 3d by line 3e (see instructions)		0.0017		
g Multiply line 3c by line 3f		21		
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		21		6 21
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 244

**Part II Foreign Taxes Paid or Accrued (see instructions)**

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				Taxes withheld at source on:				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued
A	1099 TAX					10				10
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 10

For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2017)

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	10	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	10	
12	Reduction in foreign taxes (see instructions)	12		
13	Taxes reclassified under high tax kickout (see instructions)	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	10	
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	244	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	244	
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	136,144	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	0.0018	
20	Individuals: Enter the total of Form 1040, lines 44 and 46. If you are a nonresident alien, enter the total of Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions	20	22,055	
21	Multiply line 20 by line 19 (maximum amount of credit)	21	40	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)	22	10	

**Part IV Summary of Credits From Separate Parts III (see instructions)**

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		
28	Enter the smaller of line 20 or line 27	28	10	
29	Reduction of credit for international boycott operations. See instructions for line 12	29		
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30	10	



**Expenses for Business Use of Your Home**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

(99)

► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**► **Go to [www.irs.gov/Form8829](http://www.irs.gov/Form8829) for instructions and the latest information.****2017**Attachment  
Sequence No. **176**

Name(s) of proprietor(s)

**MARI E. RIBA**

Your social security number

\*\*\*-\*\*-\*\*\*\*

**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	180
2	Total area of home	2	1440
3	Divide line 1 by line 2. Enter the result as a percentage	3	12.50 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	12.50 %

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21.	8	26,288
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	5,301
11	Real estate taxes (see instructions)	11	2,146
12	Add lines 9, 10, and 11	12	7,447
13	Multiply line 12, column (b), by line 7	13	931
14	Add line 12, column (a), and line 13	14	931
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	25,357
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	2,393
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	2,934
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	5,327
23	Multiply line 22, column (b), by line 7	23	666
24	Carryover of prior year operating expenses (see instructions)	24	
25	Add line 22, column (a), line 23, and line 24	25	666
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	666
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	24,691
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	0
33	Add lines 14, 26, and 32	33	1,597
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	1,597

**Part III Depreciation of Your Home**

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	
39	Business basis of building. Multiply line 38 by line 7	39	
40	Depreciation percentage (see instructions)	40	%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

**Part IV Carryover of Unallowed Expenses to 2018**

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

## Federal Statements

## SALES &amp; POLITICAL CONSULTING

Statement 1 - Schedule C. Cost of Goods Sold. Line 39 - Other Costs

Description	Amount
ETSY FEES	\$ 2,712
POSTAGE	5,165
PAYPAL FEES	746
SUPPLIES	6,657
TOTAL	\$ <u>15,280</u>

Name

**JOSHUA B. & MARI E. RIBA**

Taxpayer Identification Number

\*\*\*-\*\*-\*\*\*\*

Description

**SALES & POLITICAL CONSULTING**

Form/Schedule

**C**

Unit number

**1**Asset Listing  
Number

Date

Description

Vehicle 1 **2 01/01/17 AUTO**

Vehicle 2

Vehicle 3

Vehicle 4

**General Information**

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
1. Total mileage	<b>6,800</b>			
2. Business miles ( 53.5 cents per mile)	<b>5,000</b>			
3. Commuting mileage				
4. Other mileage	<b>1,800</b>			
5. Business use percentage	<b>73.53 %</b>			

**Actual Expenses**

6. Parking fees and tolls				
7 a. Gasoline				
b. Oil				
c. Repairs				
d. Maintenance				
e. Tires				
f. Car washes				
g. Insurance				
h. Interest				
i. Registration				
j. Licenses				
k. Property taxes				
l. Other vehicle expenses				
m. Vehicle rentals (net of inclusion amount)				
8. Total expenses. Add lines 7a - 7m				
9. Business use percentage from line 5	<b>73.53 %</b>			
10. Business use portion of actual expenses				
11. Depreciation				
12. Total actual expense allowable. Add lines 6, 10 and 11				

**Standard Mileage Rate Method**

13. Business mileage (line 2) multiplied by applicable rate	<b>2,675</b>			
14. Parking fees and tolls from line 6				
15. Line 7h and 7k (Int & taxes) multiplied by bus pct (line 5)				
16. Standard mileage rate	<b>2,675</b>			

**Allowable Deduction**

Vehicle expense

**2,675**

Vehicle rentals

Vehicle depreciation

Total allowable deduction

**2,675**

Name

**JOSHUA B. & MARI E. RIBA**

Taxpayer Identification Number

\*\*\*-\*\*-\*\*\*\*

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.	<b>123,994</b>
2. Enter the amount from Form 1040, line 9b*	2.	<b>1,515</b>
3. Are you filing Schedule D?*		
<input checked="" 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-	3.	<b>2,688</b>
<input type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3	4.	<b>4,203</b>
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.	<b>0</b>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<b>4,203</b>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<b>119,791</b>
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.	<b>75,900</b>
9. Enter the smaller of line 1 or line 8	9.	<b>75,900</b>
10. Enter the smaller of line 7 or line 9	10.	<b>75,900</b>
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	<b>0</b>
12. Enter the smaller of line 1 or line 8	12.	<b>4,203</b>
13. Enter the amount from line 11	13.	<b>0</b>
14. Subtract line 13 from line 12	14.	<b>4,203</b>
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.	<b>470,700</b>
16. Enter the smaller of line 1 or line 15	16.	<b>123,994</b>
17. Add lines 7 and 11	17.	<b>119,791</b>
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	<b>4,203</b>
19. Enter the smaller of line 14 or line 18	19.	<b>4,203</b>
20. Multiply line 19 by 15% (0.15)	20.	<b>630</b>
21. Add lines 11 and 19	21.	<b>4,203</b>
22. Subtract line 21 from line 12	22.	<b>0</b>
23. Multiply line 22 by 20% (0.20)	23.	<b>0</b>
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.	<b>21,425</b>
25. Add lines 20, 23, and 24	25.	<b>22,055</b>
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.	<b>22,476</b>
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.	<b>22,055</b>

\*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 <b>1116</b>	<b>Foreign Tax Credit Worksheet A</b>	<b>2017</b>
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Name <b>JOSHUA B. &amp; MARI E. RIBA</b>	Taxpayer Identification Number <b>***-**-****</b>
---	--

Regular	
	Category #1 <u>PASSIVE INC</u>
1. Separate category capital gain or (loss) .....	1. <u>63</u>
2. Foreign source capital gain net income .....	2. <u>63</u>
3. Capital gain net income .....	3. <u>2,966</u>
4. Total U.S. capital loss adjustment .....	4. <u>-2,903</u>
5. Adjusted separate category capital gain .....	5. _____
6. U.S. capital loss adjustment factor. (For each separate category, divide line 1 by line 2 and round off the result to at least four decimal places.) .....	
7. U.S. capital loss adjustment. (For each separate category, multiply line 4 by line 6.) .....	7. _____
8. Adjusted separate category capital gain. (For each separate category, subtract line 7 from line 1. Enter the result here and include the result on line 1a of the applicable Form 1116.) .....	
	8. _____

Alternative Minimum Tax	
	Category #1 <u>PASSIVE INC</u>
1. Separate category capital gain or (loss) .....	1. <u>63</u>
2. Foreign source capital gain net income .....	2. <u>63</u>
3. Capital gain net income .....	3. <u>2,966</u>
4. Total U.S. capital loss adjustment .....	4. <u>-2,903</u>
5. Adjusted separate category capital gain .....	5. _____
6. U.S. capital loss adjustment factor. (For each separate category, divide line 1 by line 2 and round off the result to at least four decimal places.) .....	
7. U.S. capital loss adjustment. (For each separate category, multiply line 4 by line 6.) .....	7. _____
8. Adjusted separate category capital gain. (For each separate category, subtract line 7 from line 1. Enter the result here and include the result on line 1a of the applicable AMT Form 1116.) .....	
	8. _____

### Instructions for Foreign Tax Credit Worksheet A

**Line 1.** For each separate category for which you have foreign source capital gains or losses, combine your foreign source capital gains and losses in that separate category and enter the result on line 1. Show a loss on line 1 of this worksheet as a negative amount and include the loss on line 5 of the Form 1116 you are filing for that separate category.

**Line 2.** Combine the amounts entered on line 1. If the result is zero or less, do not complete the rest of the worksheet. Instead, for each separate category with a positive amount on line 1 of this worksheet, include that positive amount on line 1a of the Form 1116 you are filing for that separate category.

**Line 3.** Enter the amount from line 16 of Schedule D, less the portion of net capital gain included on Form 4952, line 4g. If zero or less enter -0-.  
(Please refer to the Schedule D AMT Worksheets for amounts to be reported on the AMT Foreign Tax Credit Worksheet A.)

**Line 4.** Subtract line 3 from line 2. If the result is zero or less, do not complete the rest of the worksheet. Instead, for each separate category with a positive amount on line 1 of this worksheet, include that positive amount on line 1a of the Form 1116 you are filing for that separate category.

**Line 5.** If both separate categories have a positive amount on line 1, skip line 5 and go to line 6. If only one separate category has a positive amount on line 1, subtract line 4 from that positive amount. Enter the result here and on line 1a of the Form 1116 you are filing for that separate category.  
**Stop here.**

Form **1040****Foreign Tax Credit Carryover Worksheet****2017**

Name

**JOSHUA B. & MARI E. RIBA**

Taxpayer Identification Number

\*\*\*-\*\*-\*\*\*\*

Foreign Income Category

**PASSIVE INCOME****Regular**

	Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2007						
2008						
2009						
2010						
2011						
2012						
2013						
2014						
2015						
2016						
2017	<b>10</b>	<b>40</b>	<b>-30</b>			<b>-30</b>

\* Amounts flow to the Foreign Tax Credit Carryover Report

**Alternative Minimum Tax**

	Foreign Taxes Available	Maximum Credit Allowable	Unused (+) or Excess (-)	Carryback Applied from CY	Carryforward Applied to CY	* CY Unused (+) or Excess (-)
2007						
2008						
2009						
2010						
2011						
2012						
2013						
2014						
2015						
2016						
2017	<b>10</b>	<b>29</b>	<b>-19</b>			<b>-19</b>

\* Amounts flow to the Foreign Tax Credit Carryover Report

Name

Taxpayer Identification Number

**JOSHUA B. & MARI E. RIBA**

\*\*\*-\*\*-\*\*\*\*

	Taxpayer	Spouse
<b>Farm profit or (loss)</b>		
Schedule F		
Farm Partnerships - Schedule K-1, box 14, code A		
Auto expense from farm partnerships	( )	( )
Amortization from farm partnerships	( )	( )
Depreciation & Section 179 from farm partnerships	( )	( )
Depletion from farm partnerships	( )	( )
Other expenses from farm partnerships	( )	( )
Home office expenses from farm partnerships	( )	( )
Unreimbursed partnership expenses from farm partnerships	( )	( )
Debt financed acquisition interest from farm partnerships	( )	( )
Farm adjustment to SE Income		
Net farm profit or (loss) - Schedule SE line 1a	0	0
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, in 4b or listed on Sch K-1 (Form 1065), box 20, code Z - Sch SE line 1b	( ) 0	( ) 0
<b>Nonfarm profit or (loss)</b>		
Schedule C (excluding minister Schedule C income reported below)		24,691
Nonfarm partnerships - Schedule K-1, box 14, code A		
Auto expense from nonfarm partnerships	( )	( )
Amortization from nonfarm partnerships	( )	( )
Depreciation & section 179 from nonfarm partnerships	( )	( )
Depletion from nonfarm partnerships	( )	( )
Other expenses from nonfarm partnerships	( )	( )
Home office expenses from nonfarm partnerships	( )	( )
Unreimbursed partnership expenses from nonfarm partnerships	( )	( )
Debt financed acquisition interest from nonfarm partnerships	( )	( )
Employee business expenses - Form 2106 (excluding minister 2106 expenses reported below)	( )	( )
Nonfarm adjustment to SE income		
Self-employment income reported as other income		
Self-employment income from contracts and straddles		
Minister/clergy self-employment income (from Clergy Worksheet Page 4, line 8)		
Net nonfarm profit or (loss) - Schedule SE line 2	0	24,691
<b>Other income items subject to and/or exempt from self-employment tax</b>		
Fees received for services performed as a notary public	( )	( )
Earnings while debtor in a chapter 11 bankruptcy case		
Taxable community property income/loss		
Exempt community property income/loss	( )	( )
Net adjustment included on Schedule SE, line 3	0	0
<b>Net profit (loss) from self-employment activities - Schedule SE line 3</b>	0	24,691
<b>Church employee income - Schedule SE, Page 2 line 5a</b>		

# Federal Statements

## Form 1040. Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
CAPITAL ONE INVESTING	\$ 397	\$ 397
WI SERVICES COMPANY	851	529
MERRILL LYNCH	109	72
STIFEL NICOLAUS & COMPANY INC.	517	517
TOTAL	\$ <u>1,874</u>	\$ <u>1,515</u>

## Capital Gain Distributions

Payer	Capital Gain Distribution
WI SERVICES COMPANY	\$ <u>1,984</u>
TOTAL	\$ <u>1,984</u>



## Federal Statements

## Passive Income from B&amp;D

Form 1116 line 1a - Gross Income From Sources Within Country

Description	A	B	C
FOREIGN QUALIFIED DIVIDENDS	\$	\$	\$
FRGN QUALIFIED DIVS - NO ADJUSTMENT	168		
FOREIGN CAPITAL GAINS WRK A	63		
OTHER FOREIGN GROSS INCOME			
1116 FOREIGN GROSS INCOME	202		
- 1116 FOREIGN QUALIFIED DIVIDENDS	168		
	34		
TOTAL	265		

## Passive Income from B&amp;D

Form 1116 line 3e - Gross Income from All Sources

Description	Amount
1040 LINES 7-11, 15B-16B, 19-20B, 21	\$ 122,932
GROSS SCH C BUSINESS INCOME	32,502
GROSS SCH D CAPITAL GAINS	3,203
TOTAL	\$ 158,637

**Federal Statements****SALES & POLITICAL CONSULTING****Form 8829. Line 10 - Indirect Deductible Mortgage Interest and Qualified Mortgage Insurance**

<u>Description</u>	<u>Amount</u>
MORTGAGE INTEREST (8829, C, 1)	\$ <u>5,301</u>
TOTAL	\$ <u><u>5,301</u></u>

**SALES & POLITICAL CONSULTING****Form 8829. Line 11 - Indirect Real Estate Taxes**

<u>Description</u>	<u>Amount</u>
REAL ESTATE TAXES (8829, C, 1)	\$ <u>2,146</u>
TOTAL	\$ <u><u>2,146</u></u>

**SALES & POLITICAL CONSULTING****Form 8829. Line 17 - Indirect Insurance**

<u>Description</u>	<u>Amount</u>
INSURANCE (8829, C, 1)	\$ <u>2,393</u>
TOTAL	\$ <u><u>2,393</u></u>

**Federal Statements****STATE OF FLORIDA****Form W-2, Box 12**

<u>Description</u>	<u>Amount</u>
SECTION 457(B) CONTRIBUTIONS	\$ 14,147
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	18,715
TOTAL	<u>\$ 32,862</u>

**STATE OF FLORIDA****Form W-2, Box 14 - Other**

<u>Description</u>	<u>Amount</u>
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$ 2,473
TOTAL	<u>\$ 2,473</u>

# Federal Asset Report

## SALES & POLITICAL CONSULTING

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	HOME	1/01/17	0	12.50		0	0 HY	0	0
	<b>Total Other Depreciation</b>		0			0		0	0
	<b>Total ACRS and Other Depreciation</b>		0			0		0	0
<b>Listed Property:</b>									
2	AUTO	1/01/17	0	73.53		0	0 HY	0	0
			0			0		0	0
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		0			0		0	0

Form **1040****Salaries & Wages Report****2017**

Name

**JOSHUA B. & MARI E. RIBA**

Taxpayer Identification Number

\*\*\*-\*\*-\*\*\*\*

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
<b>A</b>	<b>T STATE OF FLORIDA</b>	<b>120,607</b>	<b>19,467</b>	<b>127,200</b>
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>E</b>				
<b>F</b>				
<b>G</b>				
<b>H</b>				
<b>I</b>				
<b>J</b>				
<b>K</b>				
<b>L</b>				
<b>M</b>				
	<b>Taxpayer</b>	<b>120,607</b>	<b>19,467</b>	<b>127,200</b>
	<b>Spouse</b>			
	<b>Totals</b>	<b>120,607</b>	<b>19,467</b>	<b>127,200</b>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
<b>A</b>	<b>7,886</b>	<b>138,998</b>	<b>2,015</b>				<b>2,473</b>
<b>B</b>							
<b>C</b>							
<b>D</b>							
<b>E</b>							
<b>F</b>							
<b>G</b>							
<b>H</b>							
<b>I</b>							
<b>J</b>							
<b>K</b>							
<b>L</b>							
<b>M</b>							
<b>Taxpayer</b>	<b>7,886</b>	<b>138,998</b>	<b>2,015</b>				<b>2,473</b>
<b>Spouse</b>							
<b>Totals</b>	<b>7,886</b>	<b>138,998</b>	<b>2,015</b>				<b>2,473</b>

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

Name

**JOSHUA B. & MARI E. RIBA**

Taxpayer Identification Number

\*\*\*-\*\*-\*\*\*\*

**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 (ln 27) divided Total Taxable Income (ln 19) **18.0 %**

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	<b>119,791</b>	<b>25.0 %</b>	<b>21,425</b>	<b>\$75,900 - \$153,100</b>	<b>33,309</b>
Capital Income	<b>4,203</b>	<b>15.0 %</b>	<b>630</b>	<b>\$75,900 - \$470,700</b>	<b>466,497</b>
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. <b>18,650</b>	1b. <b>1,869</b>
2. 15% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$57,250</small>	2a. <b>57,250</b>	2b. <b>8,590</b>
3. 25% rate <small>MAXIMUM TAXABLE INCOME PER THIS BRACKET: \$77,200</small>	3a. <b>43,891</b>	3b. <b>10,966</b>
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. <b>119,791</b>	8b. <b>21,425</b>

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. <b>4,203</b>	10b. <b>630</b>
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. <b>4,203</b>	14b. <b>630</b>

**Total taxable income**

15. Total ordinary taxable income. Enter the amount from line 8a.	15. <b>119,791</b>
16. Total capital gains taxable income. Enter the amount from line 14a.	16. <b>4,203</b>
17. Add lines 15 and 16.	17. <b>123,994</b>
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.
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.	19. <b>123,994</b>

**Total tax**

20. Total ordinary tax. Enter the amount from line 8b.	20. <b>21,425</b>
21. Total capital gains tax. Enter the amount from line 14b.	21. <b>630</b>
22. Tax on child's interest and dividend.	22.
23. Tax on lump-sum distribution.	23.
24. Other taxes.	24.
25. Add lines 20 through 24.	25. <b>22,055</b>
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.
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.	27. <b>22,055</b>

a Employee's social security number		Payroll organization code 22-25-06-52-110		Intradepartment number 0000000040	
b Employer identification number 59-6001874		1 Wages, tips, other compensation 120,606.85		2 Federal income tax withheld 19,466.75	
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 138,997.93		6 Medicare tax withheld 2,015.47	
		7 Social security tips		10 Dependent care benefits	
d Control number 017842 01/05		11 Nonqualified plans		12a See instructions for box 12 G 14,146.98	
e Employee's first name, mi, and last name  JOSHUA B RIBA		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 2,472.50		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

OMB No. 1545-0008  
Department of the Treasury - Internal Revenue Service

a Employee's social security number		Payroll organization code 22-25-06-52-110		Intradepartment number 0000000040	
b Employer identification number 59-6001874		1 Wages, tips, other compensation 120,606.85		2 Federal income tax withheld 19,466.75	
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 138,997.93		6 Medicare tax withheld 2,015.47	
		7 Social security tips		10 Dependent care benefits	
d Control number 017842 01/05		11 Nonqualified plans		12a See instructions for box 12 G 14,146.98	
e Employee's first name, mi, and last name  JOSHUA B RIBA		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 2,472.50		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 C - For EMPLOYEE'S RECORDS  
AA727W Rev. 03/29/2017

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