

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

## OF FINANCIAL INTERESTS

RECEIVED FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Long, Eileen M.

MAILING ADDRESS:

2019 Southpointe Dr.

Dunedin FL 34698 Pinellas

CITY:

ZIP:

COUNTY:

Pinellas County School Board

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Pinellas County School Board District 4

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

2019 JUN -8 PM 12:18

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## PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 1, 2020 was \$ 559,800.00/xx

## 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 \$ 35,000.00/xx

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

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

VALUE OF ASSET

See Attached Form

## PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Achieva CU - Mortgage P.O. Box 1500

\$84,500.00/xx

Achieva CU - Heloc Dunedin, FL 34697

\$99,000.00/xx

Ford Credit - Ford Explorer P.O. Box 650575 Dallas, Tx

\$30,000.00/xx

Annuities - Valic and MetLife 7265-70

\$11,200.00/xx

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: Metropolitan Tower

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Rooms To Go P.O. Box 9650 Los Angeles, CA 90074

\$4,000.00/xx

AC - Master Card P.O. Box 1500

\$8,000.00/xx

Dunedin, FL 34697

Valic  
2929 Allen Parkway  
Houston, TX 77019

## PART D – INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

### PRIMARY SOURCES OF INCOME (See instructions on page 5):

| NAME OF SOURCE OF INCOME EXCEEDING \$1,000 | ADDRESS OF SOURCE OF INCOME | AMOUNT |
|--|-----------------------------|--------|
| See attached                               |                             |        |
|  |                             |        |

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

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## 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 by means of

☒ physical presence or ☐ online notarization, this 2 day of

June, 2020 by Eileen M. Long

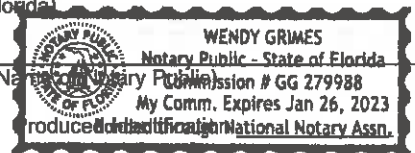
Wendy Grimes  
(Signature of Notary Public—State of Florida)

Wendy Grimes

(Print, Type, or Stamp Commissioned Notary Public)

Personally Known X OR

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



Eileen M. Long  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

|  |  |                               |   |
|--|--|-------------------------------|---|
| Your first name and middle initial<br>ROBERT T   |  | Last name<br>LONG             | Your social security number<br>[REDACTED]   |
| If joint return, spouse's first name and middle initial<br>EILEEN M.   |  | Last name<br>LONG             | Spouse's social security number<br>[REDACTED]   |
| Home address (number and street). If you have a P.O. box, see instructions.<br>2019 SOUTHPOINTE DRIVE  |  |                               | Apt. no.  |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br>DUNEDIN FL 34698-6542 |  |                               | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.<br>Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name   |  | Foreign province/state/county | Foreign postal code   |
|  |  |                               | If more than four dependents, see instructions and ✓ here <input type="checkbox"/>  |

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

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

| (1) First name Last name |      | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions):<br>Child tax credit Credit for other dependents |                                     |
|--------------------------|------|----------------------------|-------------------------|--|-------------------------------------|
| KAYLA M                  | LONG | [REDACTED]                 | Daughter                | <input type="checkbox"/>   | <input checked="" type="checkbox"/> |
| ROBERT J                 | LONG | [REDACTED]                 | Son                     | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            |
|                          |      |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>            |
|                          |      |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>            |

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

|     |   |    |     |          |
|-----|---|----|-----|----------|
| 1   | Wages, salaries, tips, etc. Attach Form(s) W-2  |    | 1   | 100,797. |
| 2a  | Tax-exempt interest   | 2a | 2b  |          |
| 3a  | Qualified dividends   | 3a | 3b  |          |
| 4a  | IRA distributions   | 4a | 4b  |          |
| c   | Pensions and annuities  | 4c | 4d  |          |
| 5a  | Social security benefits  | 5a | 5b  |          |
| 6   | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> |    | 6   |          |
| 7a  | Other income from Schedule 1, line 9  |    | 7a  |          |
| b   | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> ▶                                |    | 7b  | 100,797. |
| 8a  | Adjustments to income from Schedule 1, line 22  |    | 8a  | 250.     |
| b   | Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> ▶                                    |    | 8b  | 100,547. |
| 9   | <b>Standard deduction or itemized deductions</b> (from Schedule A)  | 9  |     | 24,400.  |
| 10  | Qualified business income deduction. Attach Form 8995 or Form 8995-A  | 10 |     |          |
| 11a | Add lines 9 and 10  |    | 11a | 24,400.  |
| b   | <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0-                             |    | 11b | 76,147.  |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

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|   |  |                              |  |
|---|--|------------------------------|--|
| <b>12a</b>  | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> <b>12a</b>   | 8,747.                       |  |
| <b>b</b>  | Add Schedule 2, line 3, and line 12a and enter the total   |                              | <b>12b</b> 8,747.  |
| <b>13a</b>  | Child tax credit or credit for other dependents  | 2,500.                       |  |
| <b>b</b>  | Add Schedule 3, line 7, and line 13a and enter the total   |                              | <b>13b</b> 2,752.  |
| <b>14</b>   | Subtract line 13b from line 12b. If zero or less, enter -0-  |                              | <b>14</b> 5,995.   |
| <b>15</b>   | Other taxes, including self-employment tax, from Schedule 2, line 10   |                              | <b>15</b> 0.   |
| <b>16</b>   | Add lines 14 and 15. This is your <b>total tax</b>   |                              | <b>16</b> 5,995.   |
| <b>17</b>   | Federal income tax withheld from Forms W-2 and 1099  |                              | <b>17</b> 14,481.  |
| <b>18</b>   | Other payments and refundable credits:   |                              |  |
| <b>a</b>  | Earned income credit (EIC) No  | <b>18a</b>                   |  |
| <b>b</b>  | Additional child tax credit. Attach Schedule 8812  | <b>18b</b>                   |  |
| <b>c</b>  | American opportunity credit from Form 8863, line 8   | <b>18c</b>                   | 168.   |
| <b>d</b>  | Schedule 3, line 14  | <b>18d</b>                   |  |
| <b>e</b>  | Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>   | <b>18e</b>                   | 168.   |
| <b>19</b>   | Add lines 17 and 18e. These are your <b>total payments</b>   | <b>19</b>                    | 14,649.  |
| <b>Refund</b>   | <b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>   | <b>20</b>                    | 8,654.   |
|   | <b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>   | <b>21a</b>                   | 8,654.   |
| Direct deposit?<br>See instructions.                                | <b>b</b> Routing number [REDACTED] <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings  |                              |  |
|   | <b>d</b> Account number [REDACTED]   |                              |  |
|   | <b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b>   | <b>22</b>                    |  |
| <b>Amount You Owe</b>   | <b>23</b> <b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions  | <b>23</b>                    |  |
|   | <b>24</b> Estimated tax penalty (see instructions)   | <b>24</b>                    |  |
| <b>Third Party Designee</b><br>(Other than paid preparer)           | Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No  |                              |  |
|   | Designee's name  | Phone no.                    | Personal identification number (PIN)   |
| <b>Sign Here</b>  | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                              |  |
|   | Your signature   | Date                         | Your occupation  |
|   | [Signature]  |                              | TEACHER  |
| Joint return?<br>See instructions.<br>Keep a copy for your records. | Spouse's signature. If a joint return, <b>both</b> must sign.  | Date                         | Spouse's occupation  |
|   | [Signature]  |                              | TEACHER  |
|   | Phone no.  | Email address                |  |
| <b>Paid Preparer Use Only</b>                                       | Preparer's name<br>SEAN IRWIN  | Preparer's signature         | Date<br>04/09/2020   |
|   | Firm's name <b>TAX SPECIALIST</b>  | Phone no. (727) 442-7220     | PTIN [REDACTED]  |
|   | Firm's address <b>1016 DUNCAN AVE. S. CLEARWATER FL 33756</b>  | Firm's EIN <b>59-2524087</b> | Check if:<br><input checked="" type="checkbox"/> 3rd Party Designee<br><input checked="" type="checkbox"/> Self-employed |

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

BAA

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Form 1040 (2019)

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**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► Attach to Form 1040 or 1040-SR.

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. 01

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

ROBERT T & EILEEN M. LONG

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .

☐ Yes ☒ No

**Part I Additional Income**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                        | <b>1</b>  |  |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |  |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ►                                 |           |  |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |  |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |  |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . | <b>5</b>  |  |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |  |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |  |
| <b>8</b>  | Other income. List type and amount ►  |           |  |
|           |   | <b>8</b>  |  |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .                  | <b>9</b>  |  |

**Part II Adjustments to Income**

|            |  |            |      |
|------------|--|------------|------|
| <b>10</b>  | Educator expenses . . . . .  | <b>10</b>  | 250. |
| <b>11</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .      | <b>11</b>  |      |
| <b>12</b>  | Health savings account deduction. Attach Form 8889 . . . . .   | <b>12</b>  |      |
| <b>13</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  | <b>13</b>  |      |
| <b>14</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   | <b>14</b>  |      |
| <b>15</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   | <b>15</b>  |      |
| <b>16</b>  | Self-employed health insurance deduction . . . . .   | <b>16</b>  |      |
| <b>17</b>  | Penalty on early withdrawal of savings . . . . .   | <b>17</b>  |      |
| <b>18a</b> | Alimony paid . . . . .   | <b>18a</b> |      |
| <b>b</b>   | Recipient's SSN . . . . .  |            |      |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ►  |            |      |
| <b>19</b>  | IRA deduction . . . . .  | <b>19</b>  |      |
| <b>20</b>  | Student loan interest deduction . . . . .  | <b>20</b>  |      |
| <b>21</b>  | Tuition and fees. Attach Form 8917 . . . . .   | <b>21</b>  |      |
| <b>22</b>  | Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . . | <b>22</b>  | 250. |

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Schedule 1 (Form 1040 or 1040-SR) 2019

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**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

► Attach to Form 1040 or 1040-SR.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **03**

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

ROBERT T & EILEEN M. LONG

Your social security number

[REDACTED]

**Part I Nonrefundable Credits**

|   |   |   |      |
|---|---|---|------|
| 1 | Foreign tax credit. Attach Form 1116 if required . . . . .  | 1 |      |
| 2 | Credit for child and dependent care expenses. Attach Form 2441 . . . . .  | 2 |      |
| 3 | Education credits from Form 8863, line 19 . . . . .   | 3 | 252. |
| 4 | Retirement savings contributions credit. Attach Form 8880 . . . . .   | 4 |      |
| 5 | Residential energy credits. Attach Form 5695 . . . . .  | 5 |      |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> . . . . . | 6 |      |
| 7 | Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .                                     | 7 | 252. |

**Part II Other Payments and Refundable Credits**

|    |   |    |  |
|----|---|----|--|
| 8  | 2019 estimated tax payments and amount applied from 2018 return . . . . .   | 8  |  |
| 9  | Net premium tax credit. Attach Form 8962 . . . . .  | 9  |  |
| 10 | Amount paid with request for extension to file (see instructions) . . . . .   | 10 |  |
| 11 | Excess social security and tier 1 RRTA tax withheld . . . . .   | 11 |  |
| 12 | Credit for federal tax on fuels. Attach Form 4136 . . . . .   | 12 |  |
| 13 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> . . . . . | 13 |  |
| 14 | Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d . . . . .  | 14 |  |

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Schedule 3 (Form 1040 or 1040-SR) 2019

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| JB | Job Description    | Taxable \$ | Gross \$  |
|----|--------------------|------------|-----------|
| 01 | SCHOOL BOARD MEMBE | 44,445.54  | 44,445.54 |

2001 BD 7000  
LONG, EILEEN M  
2019 SOUTH POINTE DR  
DUNEDIN, FL 34698-6542

|  |                            |  |                     |   |                     |   |  |
|--|----------------------------|--|---------------------|---|---------------------|---|--|
| a Employee's Soc.Sec.No.<br>[REDACTED]   |                            | b Employer Identification Number (EIN)<br>59-6000799 |                     | Copy B To Be Filed With<br>Employee's FEDERAL Tax Return            |                     | OMB No. 1545-0008                                   |  |
| c Employer's Name, Address and Zip Code<br><br>PINELLAS CNTY SCHL BRD - ADMIN<br>301 4TH STREET SW<br>LARGO, FL 33770-3536 |                            |  |                     | 1 Wages, Tips, Other Compensation<br>44,445.54                      |                     | 2 Federal Income Tax Withheld<br>5,192.14           |  |
|  |                            |  |                     | 3 Social Security Wages<br>44,445.54                                |                     | 4 Social Security Tax Withheld<br>2,755.62          |  |
|  |                            |  |                     | 5 Medicare Wages and Tips<br>44,445.54                              |                     | 6 Medicare Tax Withheld<br>644.46                   |  |
|  |                            |  |                     | 7 Social Security Tips  |                     | 8 Allocated Tips<br>9 [REDACTED]                    |  |
| d Control Number<br><br>0004548  |                            |  |                     | 10 Dependent Care Benefits  |                     | 11 Nonqualified Plans                               |  |
| e Employee's Name, Address and Zip Code<br><br>LONG, EILEEN M<br>2019 SOUTH POINTE DR<br>DUNEDIN, FL 34698-6542            |                            |  |                     | 12b Code  |                     | 12c Code  |  |
|  |                            |  |                     | 12d Code  |                     |   |  |
|  |                            |  |                     | 13<br>Statutory Employee<br>Retirement Plan<br>Third Party Sick Pay |                     | 14 Other<br><br><input checked="" type="checkbox"/> |  |
| 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 2019

Department of the Treasury - Internal Revenue Service

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| JB | Job Description | Taxable \$ | Gross \$  |
|----|-----------------|------------|-----------|
| 04 | TCHR MIDDLE     | 56,351.23  | 64,178.74 |

2304 23 3041  
LONG, ROBERT T  
2019 SOUTHPOINTE DR  
DUNEDIN, FL 34698-6542

|  |                            |  |                     |  |                     |   |  |
|--|----------------------------|--|---------------------|--|---------------------|---|--|
| a Employee's Soc.Sec.No.<br>[REDACTED]   |                            | b Employer Identification Number (EIN)<br>59-6000799 |                     | Copy B To Be Filed With<br>Employee's FEDERAL Tax Return |                     | OMB No. 1545-0008                           |  |
| c Employer's Name, Address and Zip Code<br><br>PINELLAS CNTY SCHL BRD - ADMIN<br>301 4TH STREET SW<br>LARGO, FL 33770-3536 |                            | 1 Wages, Tips, Other Compensation<br>56,351.23       |                     | 2 Federal Income Tax Withheld<br>9,288.57                |                     |   |  |
|  |                            | 3 Social Security Wages<br>58,212.25                 |                     | 4 Social Security Tax Withheld<br>3,609.16               |                     |   |  |
|  |                            | 5 Medicare Wages and Tips<br>58,212.25               |                     | 6 Medicare Tax Withheld<br>844.08                        |                     |   |  |
|  |                            | 7 Social Security Tips                               |                     | 8 Allocated Tips   |                     | 9 [REDACTED]                                |  |
| d Control Number<br><br>0004464  |                            | 10 Dependent Care Benefits                           |                     | 11 Nonqualified Plans                                    |                     | 12a Code See Inst For Box 12<br><br>C 60.97 |  |
| e Employee's Name, Address and Zip Code<br><br>LONG, ROBERT T<br>2019 SOUTHPOINTE DR<br>DUNEDIN, FL 34698-6542             |                            | 12b Code<br>DD 22,680.00                             |                     | 12c Code   |                     | 12d Code                                    |  |
|  |                            | 13<br>Statutory Employee <input type="checkbox"/>    |                     | 14 Other 3%RETIR 1,861.02                                |                     |   |  |
|  |                            | Retirement Plan <input checked="" type="checkbox"/>  |                     | TCHLEAD 315.00   |                     |   |  |
|  |                            | Third Party Sick Pay <input type="checkbox"/>        |                     |  |                     |   |  |
| 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 2019

Department of the Treasury Internal Revenue Service

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ELECTION SERVICE CENTER



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SUPERVISOR OF ELECTIONS  
ELECTION SERVICE CENTER

Robert T. Long and Eileen M. Long

2019 Southpointe Dr. Dunedin, FL. 34698

Part B Assets (\$796,500.00)

1. (Aggregate) televisions, computers, tablets, jewelry, appliances, furniture, clothes, china, coins \$35,000
2. Individual Assets over \$1,000:
  1. 2005 Honda Accord \$1500.00
  2. Annuities \$60,000
  3. Home \$275,000.00
  4. Spa \$1,000
  5. Savings \$14,000
  6. Trust Account \$200,000
3. Pre-paid college accounts for minor child \$25,000.00 RJ Long
4. Trust Robert J. Long \$65,000

Part C Liabilities (236,700.00)

1. Primary Residence 2019 Southpointe Dr. Dunedin, FL 34698 \$84,500.0
2. Second Mortgage – Heloc Loan \$99,000
3. 2018 Ford Explorer 30,000.00
4. Annuities \$11,200.00

Rooms To Go \$4000.00

Achieva Cu Master Card \$8000.00