FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2019

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

FOR OFFICE USE ONLY:

SUPERVISOR OF ELECTIONS
2020 MAY 26 PM 12:49
ST JOHNS COUNTY
VICKY OAKES

LAST NAME — FIRST NAME — MIDDLE NAME:
Strickland Christopher Claude

[redacted]

COUNTY :
St Johns

NAME OF AGENCY :
Offie of St Johns County Sheriff

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Sheriff

CHECK IF THIS IS A FILING BY A CANDIDATE ☑

PART A -- NET WORTH

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

My net worth as of May 26, 20 20 was $ 391,447.00.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ ____________

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
[redacted]	455,000.00
	182,289.00
2018 Chevy Truck & 2009 Stumpknocker Boat	52,000.00
Household Furnishings and Personal Effects	71,000.00

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 P O Box 650070 Dallas, TX 75265	260,000.00
Mr Cooper P O Box 650783 dallas, TX 75265	79,842.00
Vystar Credit Union P O Box 45085 Jacksonville, FL 32232	29,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Florida Executive Protection		
ADDRESS OF BUSINESS ENTITY	[redacted]		
PRINCIPAL BUSINESS ACTIVITY	Private Investigation		
POSITION HELD WITH ENTITY	President		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100%		
NATURE OF MY OWNERSHIP INTEREST	100% Shareholder		

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.

[signature]

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF St. Johns

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this 26th day of May, 2020 by Christopher Strickland

Erika E. Ward
(Signature of Notary Public--State of Florida)

Erika E. Ward
(Print, Type, or Stamp Commissioned Name of Notary Public)

ERIKA E. WARD
Notary Public, State of Florida
My Comm. Expires 05/04/2024
Commission No. GG968223

Personally Known ________ *OR* Produced Identification ✓

Type of Identification Produced FL DL

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

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

Signature ______________________ Date ______________________

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

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

Form **1040** Department of the Treasury-Internal Revenue Service (99)
U.S. Individual Income Tax Return 2019

OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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	Last name	Your social security number
Christopher C	Strickland	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Tammy B	Strickland	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
[redacted]

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

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

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

If more than four dependents, see inst. & check here ▶ ☐

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

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

Dependents (see instructions): (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Standard Deduction
- 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	59,809
2a	Tax-exempt interest	2a		b Taxable interest	2b	24
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
c	Pensions and annuities	4c	117,501	d Taxable amount	4d	117,500
5a	Social security benefits	5a		b Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				6	
7a	Other income from Schedule 1, line 9				7a	(47,776)
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶				7b	129,557
8a	Adjustments to income from Schedule 1, line 22				8a	0
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶				8b	129,557
9	**Standard deduction or itemized deductions** (from Schedule A)	9	39,201			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a	Add lines 9 and 10				11a	39,201
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-				11b	90,356

12a	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ ______	12a 11,600		
b	Add Schedule 2, line 3, and line 12a and enter the total ▶		12b	11,600
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total ▶		13b	0
14	Subtract line 13b from line 12b. If zero or less, enter -0-		14	11,600
15	Other taxes, including self-employment tax, from Schedule 2, line 10		15	11,750
16	Add lines 14 and 15. This is your **total tax** ▶		16	23,350
17	Federal income tax withheld from Forms W-2 and 1099		17	29,825
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your **total other payments and refundable credits** ▶		18e	
19	Add lines 17 and 18e. These are your **total payments** ▶		19	29,825

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

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**		20	6,475
21 a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		21a	6,475
b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings			
d	Account number [redacted]			
22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶	22		

Direct deposit? ▶ See instructions. ▶

Amount You Owe

23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶		23	0
24	Estimated tax penalty (see instructions) ▶	24		

Third Party Designee (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. ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[redacted]	02-20-2020	Investigator	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
[redacted]	02-20-2020	Dental Hygenist	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
Charles Hall PhD CFE	05-04-2020	[redacted]	☐ 3rd Party Designee
Preparer's name Charles Hall PhD CFE	Phone no. 904-471-3100		☐ Self-employed
Firm's name ▶ Hall Financial Corporation			
Firm's address ▶ 3791 A1A South Suite B, Saint Augustine, FL 32080	Firm's EIN ▶ 81-2575972		

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* for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR: Christopher C & Tammy B Strickland

Your social security number: [redacted]

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

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	(47,776)
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	(47,776)

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 8a	22	0

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

SCHEDULE 2
(Form 1040 or 1040-SR)
Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074
2019
Attachment Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR: Christopher C & Tammy B Strickland
Your social security number [redacted]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required NO	6	11,750
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A 9		
10	Add lines 4 through 8. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 15	10	11,750

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

EEA

SCHEDULE A (Form 1040 or 1040-SR)
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074
2019
Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR: Christopher C & Tammy B Strickland
Your social security number: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040 or 1040-SR, line 8b (2)				
	3	Multiply line 2 by 7.5% (0.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5	State and local taxes.				
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ▶ [X]	5a	2,218		
	b	State and local real estate taxes (see instructions)	5b	2,653		
	c	State and local personal property taxes	5c			
	d	Add lines 5a through 5c	5d	4,871		
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	4,871		
	6	Other taxes. List type and amount ▶	6			
	7	Add lines 5e and 6			7	4,871
Interest You Paid Caution: Your mortgage interest deduction may be limited (see instructions).	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ [ ]				
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	11,930		
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b			
	c	Points not reported to you on Form 1098. See instructions for special rules	8c			
	d	Mortgage insurance premiums (see instructions)	8d			
	e	Add lines 8a through 8d	8e	11,930		
	9	Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9			10	11,930
Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	2,020		
	12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12	20,380		
	13	Carryover from prior year	13			
	14	Add lines 11 through 13			14	22,400
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16	Other - from list in instructions. List type and amount ▶			16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9			17	39,201
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ [ ]				

Name(s) shown on return. Do not enter name and social security number if shown on page 1. | Your social security number

Christopher C & Tammy B Strickland | [redacted]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Florida Executive Protection Servi	S	☐	82-5279775	☒	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			47,776		
B					
C					
D					
29a Totals					
b Totals			47,776		

30	Add columns (h) and (k) of line 29a	30	
31	Add columns (g), (i), and (j) of line 29b	31	(47,776)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	(47,776)

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18 ▶	41	(47,776)
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **8283** (Rev. November 2019) Department of the Treasury Internal Revenue Service

Noncash Charitable Contributions

▶ **Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over $500 for all contributed property.**

▶ **Go to *www.irs.gov/Form8283* for instructions and the latest information.**

OMB No. 1545-0908

Attachment Sequence No. **155**

Name(s) shown on your income tax return: Christopher C & Tammy B Strickland

Identifying number [redacted]

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

Section A. Donated Property of $5,000 or Less and Publicly Traded Securities - List in this section **only** an item (or groups of similar items) for which you claimed a deduction of $5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than $5,000 (see instructions).

Part I **Information on Donated Property** - If you need more space, attach a statement.

1	**(a)** Name and address of the donee organization	**(b)** If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	**(c)** Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities and other property, see instructions.)
A		☐	
B		☐	
C		☐	
D		☐	
E		☐	

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

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

Part II **Partial Interests and Restricted Use Property** - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ ______
If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ ______
(2) For any prior tax years ▶ ______

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

Name of charitable organization (donee)

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

City or town, state, and ZIP code

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

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

		Yes	No
3a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b	Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c	Is there a restriction limiting the donated property for a particular use?		

Name(s) shown on your income tax return: Christopher C & Tammy B Strickland

Identifying number: [redacted]

Section B. Donated Property Over $5,000 (Except Publicly Traded Securities, Vehicles, Intellectual Property or Inventory reportable in Section A) - Complete this section for one item (or a group of similar items) for which you claimed a deduction of more than $5,000 per item or group (except contributions reportable in Section A). Provide a separate form for each item donated unless it is part of a group of similar items. A qualified appraisal is generally required for items reportable in Section B. See instructions.

Part I Information on Donated Property

4 Check the box that describes the type of property donated:

- a ☐ Art* (contribution of $20,000 or more)
- b ☐ Qualified Conservation Contribution
- c ☐ Equipment
- d ☐ Art* (contribution of less than $20,000)
- e ☐ Other Real Estate
- f ☐ Securities
- g ☐ Collectibles**
- h ☐ Intellectual Property
- i ☐ Vehicles
- j ☐ Other

* Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

** Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

5	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible personal property or real property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A	Furniture & General Hsld	Excellent (used)	20,380
B			
C			
D			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions (h) Amount claimed as a deduction	(i) Date of contribution
A	01-2010	Purchase	38,760			12-30-2019
B						
C						
D						

Part II Taxpayer (Donor) Statement - List each item included in Part I above that the appraisal identifies as having a value of $500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than $500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ▶

Signature of taxpayer (donor) ▶ Date ▶

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I understand that my appraisal will be used in connection with a return or claim for refund. I also understand that, if there is a substantial or gross valuation misstatement of the value of the property claimed on the return or claim for refund that is based on my appraisal, I may be subject to a penalty under section 6695A of the Internal Revenue Code, as well as other applicable penalties. I affirm that I have not been at any time in the three-year period ending on the date of the appraisal barred from presenting evidence or testimony before the Department of the Treasury or the Internal Revenue Service pursuant to 31 U.S.C. 330(c).

Sign Here Signature ▶ Title ▶ Date ▶

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

Part IV Donee Acknowledgment - To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ▶ 12-30-2019

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? . . . . ▶ ☐ Yes ☐ No

Name of charitable organization (donee)	Employer identification number
Goodwill Industries	59-0637858
Address (number, street, and room or suite no.)	**City or town, state, and ZIP code**
4527 Lenox Avenue	Jacksonville FL 32205

Authorized signature | Title | Date

Name(s) as shown on return: Christopher C & Tammy B Strickland

Your Social Security Number: [redacted]

Schedule A, Line 16 - Cash Contributions

Description	Amount
Alpha Omega	$ 450
Calvary Baptist	1,300
United Way	270
Total:	**$ 2,020**

1040

Interest Listing

2019

NAME(S) AS SHOWN ON RETURN
Christopher C & Tammy B Strickland

SSN [redacted]

TSJ	Name of Payer	Res ST	Interest Income	Penalty for Early Withdrawal	United States Government Interest	Exempt from federal tax Resident State State Interest	Exempt from federal tax Other State State Interest	Nominee Interest	Accrued Interest	Other Tax-Exempt Interest	Federal Tax Withheld
S	Vystar Credit Union	FL	24								
	TOTALS		24								

	Federal Income Tax Withheld	2019 PG01
Name(s) as shown on return		Your Social Security Number
Christopher C & Tammy B Strickland		[redacted]

Description	Amount
W2 - Salt Run Family Dentistry LLC	5,425
1099R - BNY Mellon Disbursement Agent	23,500
1099R - State of Florida	900
Total Withholdings	29,825

9898 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. BNY Mellon Disbursement Agent PO Box 569 Pittsburgh PA 15230	1 Gross distribution $ 117,500 2a Taxable amount $ 117,500	OMB No. 1545-0119 **2019** Form **1099-R**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☐ Total distribution ☐		**Copy A For Internal Revenue Service Center**
PAYER'S TIN 25-1926855 / RECIPIENT'S TIN [redacted]	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 23,500	**File with Form 1096.**
RECIPIENT'S name Christopher C Strickland	5 Employee contributions/ Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	For Privacy Act and Paperwork Reduction Act Notice, see the **2019 General Instructions for Certain Information Returns.**
Street address (including apt. no.) [redacted]	7 Distribution code(s) 1 / IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City or town, state or province, country, and ZIP or foreign postal code [redacted]	9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $ / 11 1st year of desig. Roth contrib. / FATCA filing requirement ☐	12 State tax withheld $ $	13 State/Payer's state no.	14 State distribution $ $
Account number (see instructions) / Date of payment	15 Local tax withheld $ $	16 Name of locality	17 Local distribution $ $

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

EEA

Do Not Cut or Separate Forms on This Page - Do Not Cut or Separate Forms on This Page

The information on the Form 1099R was used to prepare the taxpayer's 2019 Federal tax return by Hall Financial Corpora

9898 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. State of Florida Department of Management Services Tallahassee FL 32315	1 Gross distribution $ 1 2a Taxable amount $	OMB No. 1545-0119 **2019** Form **1099-R**	**Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**
	2b Taxable amount not determined ☐ Total distribution ☐		**Copy A For Internal Revenue Service Center**
PAYER'S TIN 59-1354377 / RECIPIENT'S TIN [redacted]	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 900	**File with Form 1096.**
RECIPIENT'S name Christopher C Strickland	5 Employee contributions/ Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	For Privacy Act and Paperwork Reduction Act Notice, see the **2019 General Instructions for Certain Information Returns.**
Street address (including apt. no.) [redacted]	7 Distribution code(s) 2 / IRA/ SEP/ SIMPLE ☐	8 Other $ %	
City or town, state or province, country, and ZIP or foreign postal code [redacted]	9a Your percentage of total distribution %	9b Total employee contributions $	
10 Amount allocable to IRR within 5 years $ / 11 1st year of desig. Roth contrib. / FATCA filing requirement ☐	12 State tax withheld $ $	13 State/Payer's state no.	14 State distribution $ $
Account number (see instructions) / Date of payment	15 Local tax withheld $ $	16 Name of locality	17 Local distribution $ $

Form **1099-R** www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

EEA

The information on the Form 1099R was used to prepare the taxpayer's 2019 Federal tax return by Hall Financial Corpora

	a Employee's social security number	OMB No. 1545-0008	Safe, accurate, FAST! Use	IRS e-file	Visit the IRS website at www.irs.gov/efile
	[redacted]				

b Employer identification number (EIN) 47-4234142	1 Wages, tips, other compensation 59,809	2 Federal income tax withheld 5,425
c Employer's name, address, and ZIP code Salt Run Family Dentistry LLC 700 Anastasia Blvd Saint Augustine FL 32080	3 Social security wages 62,997	4 Social security tax withheld 3,906
	5 Medicare wages and tips 62,997	6 Medicare tax withheld 913
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff. Tammy B Strickland	11 Nonqualified plans	12a See instructions for box 12 Code D 3,188
[redacted]	13 Statutory employee [ ] Retirement plan [X] Third-party sick pay [ ]	12b Code
	14 Other	12c Code
		12d Code
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** **2019** Department of the Treasury-Internal Revenue Service

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

The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by Hall Financial Corporati

Computation of Regular Tax

(Keep for your records)

2019

Name(s) as shown on return

Christopher C & Tammy B Strickland

Tax ID Number

[redacted]

Statement for line 12a of Form 1040

Tax per Tax Table	$	11,600

$ 11,600 Tax computed using only available method

Worksheet for Figuring a Shareholder's Stock and Debt Basis

Form 1120S

Attach this worksheet to your return.

2019

Name of Shareholder: Christopher C Strickland	SSN [redacted]
Name of Corporation: Florida Executive Protection Services Inc	EIN 82-5279775

Part I - Shareholder Stock Basis

1. Stock basis at the beginning of the corporation's tax year . . . 1. 271,608

2. Basis from any capital contributions made or additional stock acquired during the tax year . . . 2. ____

3a. Ordinary business income (losses go on Part III) . . . 3a. ____

b. Net rental real estate income (losses go on Part III) . . . 3b. ____

c. Other net rental income (losses go on Part III) . . . 3c. ____

d. Interest income . . . 3d. ____

e. Ordinary dividends . . . 3e. ____

f. Royalties . . . 3f. ____

g. Net capital gains (losses go on Part III) . . . 3g. ____

h. Net section 1231 gain (losses go on Part III) . . . 3h. ____

i. Other income (losses go on Part III) . . . 3i. ____

j. Excess depletion adjustment . . . 3j. ____

k. Tax-exempt income . . . 3k. ____

l. Recapture of business credits . . . 3l. ____

m. Other items that increase stock basis . . . 3m. ____

4. Add lines 3a through 3m . . . 4. ____

5. Stock basis before distributions. Add lines 1, 2, and 4 . . . 5. 271,608

6. Distributions (excluding dividend distributions) . . . 6. ____

Note. If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.

7. Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15 . . . 7. 271,608

8a. Nondeductible expenses . . . 8a. ____

b. Depletion for oil and gas . . . 8b. ____

9. Add lines 8a and 8b . . . 9. ____

10. Stock basis before loss and deduction items. Subtract line 9 from line 7. If result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15 . . . 10. 271,608

11. Allowable loss and deduction items. Enter the amount from Part III, line 13, column (c) . . . 11. 47,776

12. Debt basis restoration (see net increase in instructions for Part II, line 8) . . . 12. ____

13. Other items that decrease stock basis . . . 13. ____

14. Add lines 11, 12, and 13 . . . 14. 47,776

15. **Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0- . . . 15. 223,832

Form 1120S

Worksheet for Figuring a Shareholder's Stock and Debt Basis

Attach this worksheet to your return.

2019

Name of Shareholder: Christopher C Strickland	SSN: [redacted]
Name of Corporation: Florida Executive Protection Services Inc	EIN 82-5279775

Part III - Allowable Loss and Deduction Items

		(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
1.	Ordinary business loss	47,776		47,776		
2.	Net rental real estate loss					
3.	Other net rental loss					
4.	Net capital loss					
5.	Net section 1231 loss					
6.	Other loss					
7.	Section 179 deductions					
8.	Charitable contributions					
9.	Investment interest expense					
10.	Section 59(e)(2) expenditures					
11.	Other deductions					
12.	Foreign taxes paid or accrued					
13.	**Total Loss.** Combine lines 1 through 12 for each column. Enter the total loss in column (c) on line 11 of Part I and enter the total loss in column (d) on line 15 of Part II	47,776		47,776		0