

FORM 6

FULL AND PUBLIC DISCLOSURE

2019

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Coleman Anthony

MAILING ADDRESS:

PO Box 113

CITY :

Hastings

ZIP :

32145

COUNTY :

St Johns

NAME OF AGENCY :

Members of District School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

School Board District 2

CHECK IF THIS IS A FILING BY A CANDIDATE

ST JOHN'S COUNTY
VICKY OAKES
2020 JUN -4 AM 10:31
SUPERVISOR
OF ELECTIONS

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 December 31, 20 19 was \$ 431,196.68.

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 \$ 8,744.13

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Investment Account (FRS Investment)	\$194,000.00
Mortgage (Capital City Bank / owed by Anthony and Cheryl Coleman)	\$219,000.00
Total Assets over \$1000 (see attachment)	\$232,952.55
Grand Total:	\$645,952.55

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital City Bank (Mortgage) PO Box 31785, Tampa FL 33631-3785	\$219,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Capital City Bank (Car Loan) PO Box 60511, City of Industry CA 91716	\$8,000.00

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			
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.

[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 4th day of June, 2020 by Anthony Coleman
Erika E. Ward ERIKA E. WARD
 (Signature of Notary Public--State of Florida) Notary Public, State of Florida
Erika E. Ward My Comm. Expires 05/04/2024
 (Print, Type, or Stamp Commissioned Name of Notary Public) 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

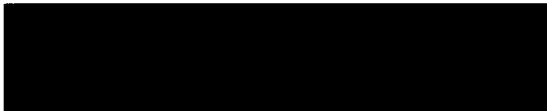
Part B - Assets
Household Goods

Guns	300.00
Watch	400.00
Rings	200.00
Ipad	500.00
Laptop	400.00
Books	500.00
Dishwasher	400.00
Washer & Dryer	800.00
Clothes	600.00
Range	700.00
Coffee Maker	50.00
Microwave	200.00
Stove	800.00
Throw Rugs	100.00
Cutery	200.00
Home Phone	80.00
Computer	400.00
Generator	500.00
Pressure Washer	500.00
Trailer	300.00
Cash	214.13
Personal Hyienes	600.00
TOTAL:	\$ 8,744.13

**Part B - Assets
Over \$1,000**

Furniture	1,200.00
TV's	2,500.00
Dining Room Set	1,100.00
Bedrooms	1,800.00
Refrigerator	1,200.00
Freezers	1,000.00
Entertainment Center	1,000.00
Bikes	1,200.00
Video Equipment	1,000.00
Lawn Equipment	2,500.00
Power Tools	1,200.00
TOTAL:	\$ 15,700.00

Real Property Market Value



TOTAL: \$ 133,790.00

Bank Accounts

Vystar Credit Union Sav	75,151.45
Vystar Credit Union Ckg	4,511.10
Wells Fargo	3,800.00
TOTAL:	\$ 83,462.55

GRAND TOTAL: \$ 232,952.55

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000			1 Gross distribution \$ 55,611.06		OMB No. 1545-0119 2019 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$ 55,611.06				
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.	
RECIPIENT'S name ANTHONY E COLEMAN PO BOX 113 HASTINGS, FL 32145-0113			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 4,814.88		
			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 2		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other \$ %			
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		FATCA filing requirement <input type="checkbox"/>		9a Your percentage of total distribution % 9b Total employee contributions \$	
12 State tax withheld \$		13 State/Payer's state no.		14 State distribution \$			
Account number (see instructions) [REDACTED]			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

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000			1 Gross distribution \$ 55,611.06		OMB No. 1545-0119 2019 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$ 55,611.06				
PAYER'S TIN [REDACTED]		RECIPIENT'S TIN [REDACTED]		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		Copy C For Recipient's Records This information is being furnished to the IRS.	
RECIPIENT'S name ANTHONY E COLEMAN PO BOX 113 HASTINGS, FL 32145-0113			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 4,814.88		
			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$		
7 Distribution code(s) 2		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other \$ %			
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		FATCA filing requirement <input type="checkbox"/>		9a Your percentage of total distribution % 9b Total employee contributions \$	
12 State tax withheld \$		13 State/Payer's state no.		14 State distribution \$			
Account number (see instructions) [REDACTED]			Date of payment		15 Local tax withheld \$		
					16 Name of locality \$		
					17 Local distribution \$		

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BANK OF AMERICA, N.A. CUSTOMER SERVICE PO BOX 31785 TAMPA, FL 33631-3785 800-669-6607		*Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-1380 2019 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1 through 9 and 11 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.
1 Mortgage interest received from payor(s)/borrower(s)* \$ 5,726.06		2 Outstanding mortgage principal \$ 218,948.32	3 Mortgage origination date 09/11/2006	
RECIPIENT'S/LENDER'S TIN 94-1687665	PAYER'S/BORROWER'S TIN [REDACTED]	4 Refund of overpaid interest \$ 0.00	5 Mortgage insurance premiums \$ 0.00	
PAYER'S/BORROWER'S name ANTHONY E COLEMAN CHERL G COLEMAN		6 Points paid on purchase of principal residence \$ 0.00		
Street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PO BOX 113 HASTINGS FL 32146-0113		7 <input type="checkbox"/> If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.		
9 Number of properties securing the mortgage 10 Other [REDACTED]		8 Address or description of property securing mortgage (see instructions) [REDACTED]		
Account number (see instructions) [REDACTED]		11. Mortgage acquisition date		

Form 1098

(Keep for your records)

irs.gov/Form1098

Department of the Treasury - Internal Revenue Service

2019 STATEMENT SUMMARY

Any amount which is displayed in brackets () in this section, is a negative amount.

Total Interest Paid in 2019	\$5,726.06	Ending Interest Bearing Principal Balance	\$119,721.17
Real Estate Taxes Paid in 2019	\$673.97	Ending Non-Interest Bearing Principal Balance	\$97,710.49
Beginning Escrow Balance	\$364.24	Ending Gross Unpaid Principal Balance	\$217,431.66
Ending Escrow Balance	\$392.59	FHA/VA Case Number	Not Applicable
		Loan Was a Refinance in 2019	No

IMPORTANT TAX NOTICE - ACTION IS REQUIRED

**YOU SHOULD CONSULT WITH THE IRS OR YOUR TAX ADVISOR IF YOU HAVE ANY QUESTIONS.
BANK OF AMERICA, N.A. DOES NOT OFFER TAX ADVICE.**

Please verify that we have the correct Taxpayer Identification Number (TIN) for the primary borrower of this loan. If the TIN is not correct, please provide us with the correct number immediately by writing to us at the address below or calling us at 800-669-6607. If you fail to provide us your correct TIN, you may be subject to a fifty dollar penalty imposed by the IRS and backup withholding of interest paid to you. Note: Please include your name and account number on all communications to us.

**BANK OF AMERICA, N.A.
CUSTOMER SERVICE
PO BOX 31785
TAMPA, FL 33631-3785**

Copy A, To Be Filed with Employee's FEDERAL Tax Return. OMB No. 1545-0008

1 Wages, tips, other compensation 2581.93 **2** Federal income tax withheld 79.95

3 Social security wages 2581.93 **4** Social security tax withheld 160.08

5 Medicare wages and tips 2581.93 **6** Medicare tax withheld 37.44

7 Employer ID no. (EIN) 63-1219300

8 Employer's name, address and ZIP code
 NORTHPORT HEALTH SERVICES OF FLORIDA, I
 931 FAIRFAX PARK
 TUSCALOOSA, AL 35406
 (205) 391-3600

9 Control Number

10 Employee's first name and initial Last name Suffix
 ANTHONY J. COLEMAN

11 Employer's address and ZIP code

12 Social security tips

13 Allocated tips

14 Dependent care benefits

15 Nonqualified plans

16 Stipendary employee

17 Other

18 Retirement plan

19 Third-party sick pay

20 State Employer's state ID number

21 State wages, tips, etc.

22 Local income tax

23 Local wages, tips, etc.

24 Local income tax

25 Locality name

VIA Form W-3 Wage and Tax Statement 2017 Department of the Treasury Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Copy C, For EMPLOYER'S RECORDS. OMB No. 1545-0008

1 Wages, tips, other compensation 2581.93 **2** Federal income tax withheld 79.95

3 Social security wages 2581.93 **4** Social security tax withheld 160.08

5 Medicare wages and tips 2581.93 **6** Medicare tax withheld 37.44

7 Employer ID no. (EIN) 63-1219300

8 Employer's name, address and ZIP code
 NORTHPORT HEALTH SERVICES OF FLORIDA, I
 931 FAIRFAX PARK
 TUSCALOOSA, AL 35406
 (205) 391-3600

9 Control Number

10 Employee's first name and initial Last name Suffix
 ANTHONY J. COLEMAN

11 Employer's address and ZIP code

12 Social security tips

13 Allocated tips

14 Dependent care benefits

15 Nonqualified plans

16 Stipendary employee

17 Other

18 Retirement plan

19 Third-party sick pay

20 State Employer's state ID number

21 State wages, tips, etc.

22 Local income tax

23 Local wages, tips, etc.

24 Local income tax

25 Locality name

VIA Form W-3 Wage and Tax Statement 2017 Department of the Treasury Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file Form 941, you must also file Form 941-SS. If you are required to file Form 941, you must also file Form 941-MS. If you are required to file Form 941, you must also file Form 941-ES.

Copy 2 To Be Filed With Employer's State, City or Local Income Tax Return 41-0632411 OMB No. 1545-0008 FEDERAL TAX RETURN		1 Wages, tips, other compensation 3584.60		2 Federal income tax withheld 228.01	
3 Social security wages 3584.60		4 Social security tax withheld 222.24		5 Medicare wages and tips 3584.60	
6 Medicare tax withheld 51.97		7 Employer ID no. (EIN) 59-6000824			
8 Employer's name, address, and ZIP code St. Johns County School District 40 Orange St. SAINT AUGUSTINE, FL 32084					
9 Control number					
10 Employee's name, address, and ZIP code ANTHONY ELLIS COLEMAN P.O BOX 113 HASTINGS, FL 32145					
11 Social security tips		12 Allocated tips		13 Surf.	
14 Dependent care benefits		15 Nonqualified plans		16 Code See inst. for box 12	
17 Statutory employee		18 Other		19 Code	
Retirement plan X		20 Code		21 Code	
Third-party sick pay		22 Code		23 Code	
24 State Employer's state ID number		25 State wages, tips, etc.		26 State income tax	
27 Local wages, tips, etc.		28 Local income tax		29 Locality name	
Form W-2 Wage and Tax Statement				2010	
Dept. of the Treasury - IRS					

Copy 2 To Be Filed With Employer's FEDERAL Tax Return 41-0632411 OMB No. 1545-0008 FEDERAL TAX RETURN		1 Wages, tips, other compensation 3584.60		2 Federal income tax withheld 228.01	
3 Social security wages 3584.60		4 Social security tax withheld 222.24		5 Medicare wages and tips 3584.60	
6 Medicare tax withheld 51.97		7 Employer ID no. (EIN) 59-6000824			
8 Employer's name, address, and ZIP code St. Johns County School District 40 Orange St. SAINT AUGUSTINE, FL 32084					
9 Control number					
10 Employee's name, address, and ZIP code ANTHONY ELLIS COLEMAN P.O BOX 113 HASTINGS, FL 32145					
11 Social security tips		12 Allocated tips		13 Surf.	
14 Dependent care benefits		15 Nonqualified plans		16 Code See inst. for box 12	
17 Statutory employee		18 Other		19 Code	
Retirement plan X		20 Code		21 Code	
Third-party sick pay		22 Code		23 Code	
24 State Employer's state ID number		25 State wages, tips, etc.		26 State income tax	
27 Local wages, tips, etc.		28 Local income tax		29 Locality name	
Form W-2 Wage and Tax Statement				2010	
Dept. of the Treasury - IRS www.irs.gov/efile					

This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. ST. JOHNS CO SCHOOL DISTRICT 40 ORANGE ST SAINT AUGUSTINE FL 32084-3633		OMB No. 1545-0115 <h1 style="text-align: center;">2019</h1> Form 1099-MISC		Miscellaneous Income
PAYER'S Federal identification number (904) 547-7500		1 Rents \$		Copy B For Recipient
RECIPIENT'S identification number [REDACTED]		2 Royalties \$		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ANTHONY COLEMAN PO BOX 113 HASTINGS FL 32145 UNITED STATES OF AMERICA		3 Other income \$		
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ANTHONY COLEMAN PO BOX 113 HASTINGS FL 32145 UNITED STATES OF AMERICA		5 Medical and health care payments \$		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ANTHONY COLEMAN PO BOX 113 HASTINGS FL 32145 UNITED STATES OF AMERICA		6 Fishing boat proceeds \$		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ANTHONY COLEMAN PO BOX 113 HASTINGS FL 32145 UNITED STATES OF AMERICA		7 Nonemployee compensation \$		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ANTHONY COLEMAN PO BOX 113 HASTINGS FL 32145 UNITED STATES OF AMERICA		8 Substituted payments in lieu of dividends or interest \$		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ANTHONY COLEMAN PO BOX 113 HASTINGS FL 32145 UNITED STATES OF AMERICA		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$ 1,349.25		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ANTHONY COLEMAN PO BOX 113 HASTINGS FL 32145 UNITED STATES OF AMERICA		10 Crop insurance proceeds \$		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code ANTHONY COLEMAN PO BOX 113 HASTINGS FL 32145 UNITED STATES OF AMERICA		11		
Account number (see instructions)		12		
FATCA filing requirement <input type="checkbox"/>		13 Excess golden parachute payments \$		
15a Section 408A deferrals		14 Gross proceeds paid to an attorney \$		
15b Section 408A income		17 State Payer's state no. FL		
\$		18 State income \$		

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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 ANTHONY E	Last name COLEMAN	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. PO BOX 113		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). HASTINGS FL 32145		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	6,167
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	
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	1,349
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	63,127
8a	Adjustments to income from Schedule 1, line 22	8a	96
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	63,031
9	Standard deduction or itemized deductions (from Schedule A)	9	18,350
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	251
11a	Add lines 9 and 10	11a	18,601
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	44,430

Standard Deduction for—
 • Single or Married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,000
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4872 3 <input type="checkbox"/>	12a	5,054	12b	5,054
b	Add Schedule 2, line 3, and line 12a and enter the total ▶			12b	5,054
13a	Child tax credit or credit for other dependents	13a	2,000	13b	2,000
b	Add Schedule 3, line 7, and line 13a and enter the total ▶			14	3,054
14	Subtract line 13b from line 12b. If zero or less, enter -0-			15	191
15	Other taxes, including self-employment tax, from Schedule 2, line 10			16	3,245
16	Add lines 14 and 15. This is your total tax ▶			17	5,123
17	Federal income tax withheld from Forms W-2 and 1099 FORM 1099				
18	Other payments and refundable credits:				
a	Earned income credit (EIC) NO	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		19	5,123
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20		20	1,878
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	21a		21a	1,878
b	Routing number <u>Bank Product</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
d	Account number <u>applied for</u>				
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22			
23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶	23			
24	Estimated tax penalty (see instructions) ▶	24			

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

Refund

Direct deposit? See instructions

Amount You Owe

Third Party Designee

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

(Other than paid preparer) 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 SELF EMPLOYED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name JAIME D PERKINS	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
Firm's name ▶ JDP & ASSOCIATES	Phone no. 904-325-9652		Firm's EIN ▶ 47-5190717	
Firm's address ▶ PO BOX 4422 SAINT AUGUSTINE FL 32084-				

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number

ANTHONY E COLEMAN

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	1,349
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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	1,349

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	96
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	96

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

Schedule 1 (Form 1040 or 1040-SR) 2019

BCA

SCHEDULE 2
(Form 1040 or 1040-SR)

Additional Taxes

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number

ANTHONY E COLEMAN

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	
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	191
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
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 <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> 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 16	10	191

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

Schedule 2 (Form 1040 or 1040-SR) 2019

Department of the Treasury
Internal Revenue Service

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

2019

Submission Identification Number (SID) ▶

Taxpayer's name

ANTHONY E COLEMAN

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	63,031
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	3,245
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	5,123
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	1,878
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-363-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize JDP & ASSOCIATES ERO firm name to enter or generate my PIN as my signature on my tax year 2019 electronically filed income tax return.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 01/02/2020

Spouse's PIN: check one box only

I authorize _____ ERO firm name to enter or generate my PIN as my signature on my tax year 2019 electronically filed income tax return.

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

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

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 01/02/2020

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

Consent to Disclose Information For Bank Product Application

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is protect your tax return information from further use or distribution.
valid for one year from the date of signature.

Defined Terms:

"Tax Preparer": JDP & ASSOCIATES

Address:

PO BOX 4422 SAINT AUGUSTINE FL 32085-

"Taxpayer #1": ANTHONY E COLEMAN

"Taxpayer #2":

Address:

PO BOX 113 HASTINGS FL 32145

"Taxpayer": Refers to both Taxpayer #1 and Taxpayer #2

"Bank": Republic Bank and Trust Company

"Software Developer": CCH Small Firm Services, 225 Chastain Meadows Court, Kennesaw, GA 30144

"Personal Information" Taxpayer's 2019 tax return and all information contained therein

"PIN": Personal identification number

"Disclosure 1": Tax Preparer will disclose the Personal Information to Software Developer through Software Developer's tax preparation software.

"Disclosure 2": The Software Developer will disclose the Personal Information to Bank.

"Disclosures": Refers to both Disclosure 1 and Disclosure 2

"Purpose": The purpose of the Disclosures is for Software Developer to transmit Taxpayer's bank product application to Bank for consideration and potentially to provide Taxpayer with a bank product (for example, Federal and/or State Refund products disbursed via check, direct deposit or card).

CONSENT GRANTED

I/we hereby consent to Disclosure 1 for the Purpose stated above.

I/we hereby consent to Disclosure 2 for the Purpose stated above.

I/we, the Taxpayer, have read the above information. By typing in my/our taxpayer PIN(s) and checking the boxes above, I/we hereby consent to the Disclosures for the Purpose stated above.

Taxpayer #1 PIN: [REDACTED]	PIN Entered Date: 03/18/2020
Taxpayer #2 PIN: [REDACTED]	PIN Entered Date: [REDACTED]

Duration of Consent: 3 years

LIMITATION ON DISCLOSURE

I/we do not wish to limit the scope of the Disclosure of the Personal Information unless I/we mark the box and list the limitations below.

Tax Return Disclosure Limitation: _____

CONSENT DENIED

I/we, the Taxpayer, have read the above information, and by typing in my/our taxpayer PIN(s) hereby **DENY** consent to the Disclosure of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN: [REDACTED]	PIN Entered Date: [REDACTED]
Taxpayer #2 PIN: [REDACTED]	PIN Entered Date: [REDACTED]

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

* In accordance with Federal Law and Internal Revenue Code Section 7216, the term "Tax Preparer" shall mean the ERO of this electronically filed return even though it may have been prepared by someone other than the ERO.

Consent to Use Information For Bank Product Determination

Federal Disclosure:

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Defined Terms:

"Tax Preparer": JDP & ASSOCIATES

Address:

PO BOX 4422 SAINT AUGUSTINE FL 32085--

"Taxpayer #1": ANTHONY E COLEMAN

"Taxpayer #2":

Address:

PO BOX 113 HASTINGS FL 32145

"Taxpayer": Refers to both Taxpayer #1 and Taxpayer #2

"Software Developer": CCH Small Firm Services, 225 Chastain Meadows Court, Kennesaw, GA 30144

"Personal Information" Financial information from Taxpayer's 2019 tax return

"PIN": Personal identification number

"Use": Tax Preparer will use the Personal Information by initiating an electronic analysis and calculation of the Personal Information via Software Developer's tax preparation software

"Purpose": The purpose of the Use is to determine which bank product(s) (for example, Federal and/or State Refund products disbursed via check, direct deposit or card) may be available to Taxpayer

CONSENT GRANTED

I/we, the Taxpayer, have read the above information and by typing in my/our taxpayer PIN(s) hereby consent to Tax Preparer's Use of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN:		PIN Entered Date:	03/18/2020
Taxpayer #2 PIN:		PIN Entered Date:	

Duration of Consent: 1 year

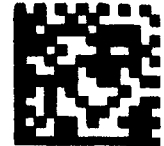
CONSENT DENIED

I/we, the Taxpayer, have read the above information, and by typing in my/our taxpayer PIN(s) hereby **DENY** consent to the Use of the Personal Information for the Purpose stated above.

Taxpayer #1 PIN:		PIN Entered Date:	
Taxpayer #2 PIN:		PIN Entered Date:	

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

* In accordance with Federal Law and Internal Revenue Code Section 7216, the term 'Tax Preparer' shall mean the ERO of this electronically filed return even though it may have been prepared by someone other than the ERO.



WHAT YOU NEED TO KNOW BEFORE SELECTING A REFUND TRANSFER
Republic Bank & Trust Company

Tax Refund Options:

Filing Method	Refund Transfer (RT)	Disbursement Method	Estimated Issuance of Federal Refund	Bank Fee for First Funding	Bank Fee for Each Add'l Funding	Transmitter Fee	Payment of Tax Prep Fees
Paper Return	No	IRS Issued Check Sent U.S. Mail ¹	Within 6 weeks ⁴	None	None	None	Paid Directly to Preparer
Paper Return	No	IRS Direct Deposit to Your Account ¹	Within 6 weeks ⁴	None	None	None	Paid Directly to Preparer
E-File	No	IRS Issued Check Sent U.S. Mail ¹	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	None	None	None	Paid Directly to Preparer
E-File	No	IRS Direct Deposit to Your Account ¹	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	None	None	None	Paid Directly to Preparer
E-File	Yes	Bank Direct Deposit to Your Account ¹	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	39.95	10.00	42.00	Can Be Deducted From Refund
E-File	Yes	Walmart Direct2Cash ²	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	46.95	10.00	42.00	Can Be Deducted From Refund
E-File	Yes	Bank Issued Check From Tax Office	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	39.95	10.00	42.00	Can Be Deducted From Refund
E-File	Yes	NetSpend Visa® Prepaid Debit Card ³	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	39.95	10.00	42.00	Can Be Deducted From Refund

Additional Charges: You may be charged a Service Bureau Fee. Please consult your tax preparer and Bank Product Application and Agreement for specific details. Netspend Visa Prepaid Card³ customers will incur a \$5.00 monthly Plan Fee beginning upon first load of funds and other usage fees may apply. Please refer to your Cardholder Agreement for Terms and Conditions including fee schedule details or visit www.republictaxpayer.com

Fees: The Refund Transfer and Tax Preparation Fees disclosed in Section 4 of the Bank Product Application and Agreement are not due until tax preparation and any other services provided to you in relation to the Refund Transfer (Services) are complete. The Services are not complete until the earlier of (i) notification to you that the proceeds of your Refund Transfer are available or (ii) the 60th day after your tax return has been e-filed with the IRS.

Filing Options With No Additional Costs: You have many options for filing your tax return and receiving your refund, some of which have no additional costs. With these options you will need to pay tax preparation fees directly to your preparer. Refer to the chart above for the estimated issuance of your federal refund associated with each option:

Paper Return: You can mail your tax return to the IRS and/or state and have your refund issued as a check sent in the U.S. mail or by direct deposit (if you have an existing account) without having to incur any additional cost for an RT.

E-File: You can e-file your federal and/or state tax return and have your refund issued as a check sent in the U.S. mail or by direct deposit (if you have an existing account) within a similar time frame and without paying the additional fees associated with an RT.

Refund Transfer: You may choose to receive your refund as an RT which is a fee-based product provided by Republic Bank & Trust Company. If you choose an RT, your income tax return will be filed electronically and your refund will be direct deposited in a bank account established for one-time use only for the receipt of your refund and not intended for long term use. Typically, refund proceeds are issued from the IRS within an estimated 21 days after IRS acceptance of the return. However, the IRS will not begin issuing refunds earlier than February 15th for EITC and ACTC-related tax returns.⁴ A Refund Transfer Fee will be deducted from your refund amount. Additionally, a Transmitter and/or Service Bureau Fee, all tax preparation fees and any other authorized fees/amounts may be deducted from your refund and forwarded to the appropriate authorized parties. The remainder of your refund will be issued to you by a Republic Bank & Trust Company check printed at the tax office; direct deposited to your personal bank account; loaded to your Netspend Visa Prepaid Card³; or disbursed in the form of cash via Walmart Direct2Cash. You can choose a filing option that does not require selecting the RT and paying the associated fees which reduce the amount you can expect to receive from a tax refund.

- An RT is not necessary to obtain your refund.
- If you have an existing bank account, you can file a tax return electronically and receive your refund by direct deposit within a similar time frame and without paying the additional fees associated with an RT.
- Tax preparation fees are determined by your preparer and disclosed to you on the RT Application and Agreement.

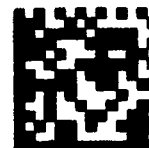
Tax Refund Processing: For additional information on tax refund processing please consult www.irs.gov or your state's tax authority website.

Withholding Change: Changing your income tax withholding might result in more income during the year rather than waiting for an income tax refund.

Information About Opening A Low-Cost Bank Account: Go to www.joinbankon.org for information about low-cost "starter" or "second chance" bank accounts and access to financial education resources.

1. It may take additional time for your financial institution to post the refund to your account or for mail delivery.
2. Available at participating Walmart locations for disbursements up to \$7,500. An additional one-time \$7.00 fee applies.
3. Available at participating tax offices. The Netspend Visa Prepaid Card is issued by Republic Bank & Trust Company, Member FDIC pursuant to a license from Visa U.S.A. Inc. Netspend, a TSYS® Company, is a registered agent of Republic Bank & Trust Company. This card may be used everywhere Visa debit cards are accepted. Card use is subject to activation, ID verification, and funds availability. A \$5 monthly fee, transaction fees, terms, and conditions apply to the use and reloading of the Card Account. See the Cardholder Agreement at www.republictaxpayer.com/terms for details.
4. Based on information published on www.irs.gov, the IRS issues most electronically filed refunds within 21 calendar days of IRS acknowledgement, or within 6 weeks for paper filed returns. However, the IRS will not begin issuing refunds for Earned Income Tax Credit (EITC) and Additional Child Tax Credit (ACTC) related tax returns until February 15th. Visit www.irs.gov for details about your individual refund. Republic Bank & Trust Company does not guarantee whether, when or in what amount a tax refund will be issued.

CUSTOMER IDENTIFICATION PROGRAM NOTICE: In order to help the government fight the funding of terrorism, money laundering activities, and identity theft, the USA PATRIOT Act requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a Bank Product. What that means to you is that when you apply for a Bank Product through Republic, you will need to provide your name, street address, taxpayer identification number, date of birth, and other information that will allow us to identify you including an unexpired, government-issued, photo ID or other similar document.



ADDITIONAL TERMS AND DISCLOSURES

7. EASY ADVANCE CERTIFICATIONS.

If this is an application for an Easy Advance, by signing this Application/Agreement, I (including my spouse if filing jointly) certify the following to be true: My expected federal tax refund payment was not delayed by the IRS last year, nor was my federal tax refund fully or partially withheld by the IRS last year. I am not currently in any dispute or audit with the IRS. I do not have a payment plan with the IRS. I do not have any outstanding tax liens. I have not previously filed a federal income tax return this year (including any amended or prior year returns). I have not missed filing a required tax return in the last two (2) years. I am not delinquent in student loan payments. I have not been incarcerated for six or more months during 2019 (includes work release and halfway house programs). I am not delinquent in any child support or maintenance payments, VA or HUD loans, or any obligation involving a federal agency, including debts for food stamps. I do not currently have a payment plan with any bankruptcy court. I have not filed for Chapter 7, 11 or 13 bankruptcy in the last two (2) years. I have not made an estimated tax payment in 2019. I have not applied any of my 2018 federal tax refund to my 2019 taxes.

8. ACCEPTANCE OF EASY ADVANCE.

If this is an application for an Easy Advance, by signing this Application/Agreement, I understand that (i) the provision of Easy Advance proceeds to me constitutes an offer by Republic to enter into a loan transaction with me and the terms of the proposed loan transaction are set forth in this Application/Agreement; (ii) My negotiation of the Easy Advance Check (or other receipt of Easy Advance proceeds) shall constitute my acceptance of Republic's offer, thus obligating me to the terms of this Agreement; (iii) I may reject Republic's offer by canceling the Easy Advance and declining to negotiate the Easy Advance Check or returning the Easy Advance proceeds as further described below in this Section; (iv) Republic will make an Easy Advance to me if this Application is approved by Republic in its sole and absolute discretion; and (v) I can only apply for an Easy Advance on or before February 28th, 2020. If I want to cancel the Easy Advance and decline to negotiate the Easy Advance check or withdraw the Easy Advance proceeds, I shall notify Republic within seven (7) days of the time I receive the Easy Advance check or proceeds of my intent to cancel by contacting Republic at 1-866-581-1040. If I cancel the Easy Advance, I will promptly return the Easy Advance Check or proceeds to Republic. If I choose to have my Easy Advance proceeds deposited into the Bank Account or any other account and choose to cancel the Easy Advance, I authorize Republic to withdraw the proceeds. If I cancel the Easy Advance, Republic will disburse the amount of my tax refund, less the Refund Transfer and Tax Preparation fees set out in Section 4 above.

9. SECURITY INTEREST IN REFUND.

I (including my spouse if filing jointly) hereby grant to Republic a security interest, and release any rights, in the anticipated tax refund to be paid to me by the IRS and state taxing authority (if applicable) for the 2019 tax year and authorize Republic, at its discretion, to send or transmit my Easy Advance (if applicable), Refund Transfer (if applicable) or any amount due me, to me at my address or to my electronic return originator (ERO) for delivery to me and agree to hold Republic harmless if my ERO does not timely deliver the check(s) to me.

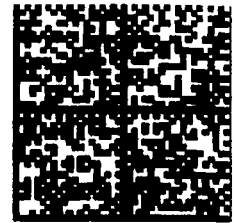
10. ACCOUNT AND RELATED TRANSFER.

I authorize and request Republic to receive and process my federal and/or my state tax refund(s) by establishing an account (my "RBT Account") for the sole purpose of receiving my tax refund(s) and disbursing my Bank Product(s). No other deposits may be made to, and no withdrawals will be allowed from my RBT Account. Prior to disbursing my tax refund from the IRS and/or state taxing authority, I authorize Republic to deduct and pay any and all of the following fees, charges, and amounts from my tax refund: (i) any current year outstanding balances and fees due Republic, including the balance of my Easy Advances, Easy Advance Finance Charge and/or Refund Transfer Fee(s); (ii) any or all authorized fees due the tax software company (Transmitter); (iii) any or all authorized fees due my tax return preparer and ERO; and (iv) any or all authorized fees due my ERO's service bureau. I understand that the Refund Transfer and Tax Preparation Fees set forth in Section 4 are not due until the Services are complete. The Services are not complete until the earlier of (i) notification to me that the proceeds of my Refund Transfer are available or (ii) the 60th day after my tax return has been e-filed with the IRS. The Bank Products will be disbursed to me by the method I selected in Section 3 above. If I chose Direct Deposit as my disbursement method and Republic becomes aware the Bank Account information is incorrect prior to disbursement or Republic is unable, for any reason, to honor my Direct Deposit request, my Bank Products will be disbursed to me via check, printed by my tax preparer or mailed directly to me by Republic. If I chose Walmart Direct2Cash as my disbursement method and I (i) do not pick up the Cash within fourteen (14) calendar days of notification from Republic that my Bank Products proceeds are available or (ii) my Refund Transfer is more than \$7,500.00 after all authorized fees are deducted, my Refund Transfer will be disbursed to me via check, printed by my tax preparer or mailed directly to me by Republic. I understand that Republic will not charge my RBT Account any overdraft, nonsufficient funds, or similar fee if Republic seeks to deduct my Easy Advance, my Easy Advance Finance Charge, and/or any other amount due from my RBT Account and my RBT Account does not contain sufficient funds to cover the amount due. I further understand that Republic will not close my RBT Account in response to the balance of my RBT Account going below zero as a result of a transfer of funds initiated in connection with my Easy Advance.

11. AUTHORIZATIONS.

I (i) authorize Republic to inquire of the IRS, state taxing authority (if applicable), my employer or any agency providing information on behalf of my employer as to the status of my tax refund(s) and as to my tax withholding and to receive from or supply to the IRS and the state taxing authority (if applicable) information on my behalf; (ii) authorize Republic to investigate and verify from time to time all information provided to Republic; (iii) authorize Republic to verify my employment and any of the information in this Agreement; (iv) authorize my ERO and Transmitter to provide to Republic, and authorize Republic to provide to

Bank Product Application and Agreement (Application/Agreement)
Republic Bank & Trust Company, 601 West Market Street, Louisville, Kentucky 40202



INSTRUCTIONS: Joint Taxpayer information is required only if filing a joint tax return. IF YOU WANT TO APPLY FOR AN EASY ADVANCE YOU MUST APPLY AS AN INDIVIDUAL EVEN IF YOU ARE MARRIED AND FILING JOINTLY. ONLY ONE TAXPAYER CAN APPLY FOR AN EASY ADVANCE. Please refer to Section 5 for further information.

1. TAXPAYERS INFORMATION (Address must not be a P.O. Box)

Name: ANTHONY E COLEMAN Joint: _____

Address: _____

2. WHICH BANK PRODUCT(S) ARE YOU APPLYING FOR?

EASY ADVANCE LOAN: THE EASY ADVANCE IS A PRODUCT OFFERED BY REPUBLIC BANK & TRUST COMPANY (Republic) WHICH MAY BE APPLIED FOR WITH OR WITHOUT RECEIVING A REFUND TRANSFER. I understand that by signing this Bank Product Application and Agreement I am applying for a loan in the amount of \$ _____ If approved, a Finance Charge of \$ _____ and the loan amount will be deducted from my 2019 tax refund from the IRS and/or state taxing authority. I understand the Easy Advance is subject to underwriting and approval by Republic and I may receive an Easy Advance amount less than what I requested with the associated Finance Charge as stated on the Easy Advance Information Page. If filing a joint tax return, only one Taxpayer can apply for the Easy Advance and the Easy Advance proceeds will be disbursed to the applying Taxpayer only. If I am applying for an Easy Advance and Refund Transfer, the Easy Advance proceeds will be disbursed in accordance with Section 3 below. If I apply for an Easy Advance and Refund Transfer and my application for an Easy Advance is declined, I understand that I will still receive a Refund Transfer. If I apply for an Easy Advance only (without the Refund Transfer), I understand that (i) the Easy Advance proceeds and remaining balance of my tax refund can only be disbursed via Direct Deposit or Netspend Prepaid Card (select in Section 3 below) and (ii) the remaining balance of my tax refund (after all authorized deductions) will be disbursed in the same manner as my Easy Advance.

REFUND TRANSFER: I (which includes the joint taxpayer, if any) understand that by signing this Agreement, I am requesting and agreeing to receive my federal and/or state tax refund(s), less the fees and payments set out in Section 4 below, by the disbursement method selected in Section 3 below. If filing a joint tax return where check is the chosen disbursement method, the Refund Transfer check will be issued to both Taxpayers. For all disbursement methods other than check, the Refund Transfer will be disbursed in accordance with Section 3 below.

3. DISBURSEMENT METHOD: SELECT ONE THAT WILL APPLY TO THE PRODUCT(S) SELECTED IN SECTION 2 ABOVE.

Direct Deposit: Republic will deposit funds directly to my existing account, as specified below (Bank Account).

Bank Routing Number: _____ Account Number: _____ Checking Savings

Netspend Prepaid Card: Republic will deposit funds directly to a Netspend Prepaid Card (Card), issued by my tax preparer. Please refer to the Card's disclosures for all applicable fees, terms of use and further details. Customer Number: _____

Walmart Direct2Cash: Republic will disburse funds at Walmart locations in the form of cash (Cash) for an additional one-time fee of \$7.00. I will receive instructions and a reference number via text and/or email to provide to Walmart in order to obtain the Cash.

Check: Republic will disburse funds to me via check, printed by my tax preparer or mailed by Republic.

4. FEES: I understand that the Refund Transfer and Tax Preparation Fees listed below are not due until tax preparation and any services provided to me in relation to the Refund Transfer (Services) are complete. The Services are not complete until the earlier of (i) notification to me that the proceeds of my Refund Transfer are available or (ii) the 60th day after my tax return has been e-filed with the IRS. The Refund Transfer Fee applies to the first refund received and an additional fee will be charged for each subsequent funding received, whether federal or state.

<u>Refund Transfer Fees</u>			<u>Tax Preparation Fees</u>		
Refund Transfer Fee paid to Republic:	\$	39.95	Tax Preparation Fee paid to Tax Preparer:	\$	296.05
Subsequent Funding Fee paid to Republic:	\$		Audit Fee paid to CCH SFS:	\$	
Direct2Cash Fee paid to Republic:	\$		Total Tax Preparation Fees:	\$	296.05
Transmitter Fee paid to CCH SFS:	\$	42.00	<u>Easy Advance Loan Fee (if approved)</u>		
Service Bureau Fee paid to:	\$		Finance Charge paid to Republic:	\$	
Total Refund Transfer Fees:	\$	81.95			

5. EASY ADVANCE SECURITY INTEREST IN REFUND IF FILING JOINTLY. I, _____, am not applying for, and will not be liable for repayment of an Easy Advance. However, by signing below, as security for the Easy Advance for which my spouse has applied, I hereby authorize and grant to Republic a security interest in the anticipated tax refund to be paid to me by the IRS and/or state taxing authority for the 2019 tax year.

6. ACKNOWLEDGEMENT/CERTIFICATION/AGREEMENT

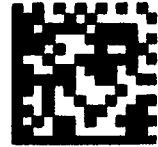
By signing this Agreement in the spaces provided below, I do the following:

- I acknowledge that (i) I am at least eighteen (18) years old, nineteen (19) in AL or NE (ii) I received a completed copy of this Agreement, (iii) I have received, read, and understand this Agreement, Republic's Privacy Notice, a sheet entitled What You Need to Know Before Selecting a Bank Product, a Truth-In-Lending Act Disclosure if applicable, a sheet entitled Easy Advance Information Page if applicable, and all applicable state disclosures and (iv) the Refund Transfer is not a loan or an extension of credit.
- I certify that all my information contained in this Agreement is correct to the best of my knowledge, that this Agreement is based on my 2019 federal and/or state income tax return(s) and that the tax return(s) are true, complete, and accurate in all respects.
- I agree to all the terms and provisions set forth in this Agreement, including the **WAIVER OF JURY TRIAL AND ARBITRATION** section.
- I authorize Republic to obtain my consumer credit report through any credit reporting agency.

x _____
 Taxpayer Signature Date

x _____
 Joint Taxpayer Signature Date

my account, Republic is not required to give a notice to me of receipt of an ACH item and will not do so. However, Republic will notify me of the receipt of payments in the transaction history, if any. Any ACH transfer to or from the account will comply with U.S. law.



C. Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). You may also call 1-866-764-1040 to receive this disclosure and general payment information orally.

15. WAIVER OF JURY TRIAL AND ARBITRATION

A. Facts about Arbitration: Arbitration is a process in which persons or companies with a dispute: (i) waive their rights to file a lawsuit and proceed in court and to have a jury trial to resolve their disputes; and (ii) agree, instead, to submit their disputes to a neutral third person (Arbitrator) for a decision. Each party to the dispute has an opportunity to present some evidence to the Arbitrator. Pre-arbitration discovery may be limited. Arbitration proceedings are private and less formal than court trials. The Arbitrator will issue a final and binding decision resolving the dispute, which may be enforced as a court judgment. A court rarely overturns an Arbitrator's decision. THEREFORE, I ACKNOWLEDGE AND AGREE AS FOLLOWS:

B. Scope of Arbitration: The words "dispute" and "disputes" are given the broadest possible meaning and include, without limitation all claims, rights and controversies arising from or relating directly or indirectly to (i) this Agreement (including this arbitration provision and the fees charged), and any prior agreement or agreements between me and Republic, and any and all aspects of my present or past relationship with Republic that relates to or concerns my tax refund, and, (ii) the signing of this arbitration provision, including the validity and scope of this arbitration provision. Without limitation, the claims, rights and controversies within the scope of the terms "dispute" or "disputes" includes any possible claims or rights that I have against Republic or against any of Republic's employees, agents, officers, directors, managers, shareholders or affiliated entities and/or Transmitter (hereinafter collectively referred to as "related third parties"), including those arising under (i) federal or state law, including alleged violations of any state or federal constitution, statute or regulation regulation and common law theories such as those based upon contract, tort, fraud, or other intentional torts; (ii) any law or procedural provision that otherwise might enable me to assert rights as a private attorney general, or as a representative and/or member of a class of persons, or as a person acting in any other representative capacity (hereinafter referred to as "Representative Claims"); and (iii) all claims arising from or relating directly or indirectly to the disclosure by Republic or related third parties of any non-public personal information about me. The claims, rights and controversies within the scope of the terms "dispute" or "disputes" also includes any possible claims or rights that Republic has against me, including all counterclaims it may have in the event of a dispute that I raise.

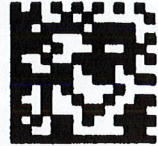
C. Waiver of Jury Trial and Participation in Class Action: I acknowledge and agree that by entering into this arbitration provision: (i) I AM GIVING UP MY RIGHT TO HAVE A TRIAL BY JURY TO RESOLVE ANY DISPUTE ALLEGED AGAINST REPUBLIC OR RELATED THIRD PARTIES; (ii) I AM GIVING UP MY RIGHT TO HAVE A COURT, OTHER THAN A SMALL CLAIMS TRIBUNAL, RESOLVE ANY DISPUTE ALLEGED AGAINST REPUBLIC OR RELATED THIRD PARTIES; AND (iii) I AM GIVING UP MY RIGHT TO SERVE AS A REPRESENTATIVE, AS A PRIVATE ATTORNEY GENERAL, OR IN ANY OTHER REPRESENTATIVE CAPACITY, AND/OR TO PARTICIPATE AS A MEMBER OF A CLASS OF CLAIMANTS, IN ANY LAWSUIT FILED AGAINST REPUBLIC AND/OR RELATED THIRD PARTIES. Republic is giving up its rights to jury trial and rights to have a dispute it has with you resolved in a court, other than a small claims tribunal.

D. No Class Arbitration: Except as provided in Paragraph H below, all disputes including any Representative Claims against Republic and/or related third parties shall be resolved by binding arbitration only on an individual basis with me. THEREFORE, THE ARBITRATOR SHALL NOT CONDUCT CLASS ARBITRATION; THAT IS, THE ARBITRATOR SHALL NOT ALLOW ME TO SERVE AS A REPRESENTATIVE, AS A PRIVATE ATTORNEY GENERAL, OR IN ANY OTHER REPRESENTATIVE CAPACITY FOR OTHERS IN THE ARBITRATION. THE ARBITRATION SHALL ONLY RESOLVE MY RIGHTS, CLAIMS OR CONTROVERSIES, NOT THOSE OF ANY OTHER PERSON.

E. Arbitration Organizations and Procedures: Arbitration shall be commenced and conducted as follows.

Any party to a dispute, including related third parties, seeking to have that dispute resolved shall send the other party written notice by certified mail return receipt requested of their intent to arbitrate and in that letter shall set forth the subject of the dispute along with the relief requested. Regardless of who demands arbitration, I shall have the right to select the entity that will administer the arbitration process from among: the American Arbitration Association (1-800-778-7879) <http://www.adr.org>, JAMS (1-800-352-5267) <http://www.jamsadr.com>, or any arbitration organization that Republic may designate in the event either AAA or JAMS or both are unable to act or do not honor (or are not expected to honor) the terms of this Agreement. As an alternative, the parties may agree to select a local Arbitrator who is an attorney, retired judge, or Arbitrator registered and in good standing with an arbitration association, to administer the arbitration. If I fail to notify Republic of a selection for arbitration organization, within thirty (30) days of the demand for arbitration, then Republic has the right to select the arbitration organization from the same list. The parties to such dispute will be governed by the rules and procedures of such arbitration organization applicable to consumer disputes, to the extent those rules and procedures do not contradict the express terms of this arbitration provision, including the limitations contained in this Agreement. I understand that I may obtain a copy of the rules and procedures by contacting the arbitration organization listed above. If the arbitration will be conducted by a local Arbitrator, the AAA rules in effect at the time this Agreement is signed will govern (to the extent not inconsistent with this Agreement) unless the parties otherwise agree. If there is any reason that an Arbitrator or arbitration organization cannot be selected under this paragraph, we agree that one will be selected by a court, by consent of the parties, and the AAA rules in effect at the time this Agreement is signed will govern the resulting arbitration (to the extent not inconsistent with this Agreement) unless the parties otherwise agree.

the IRS or other third parties as permitted by law, information obtained from my tax return, this Agreement, and other sources necessary to detect suspicious or fraudulent tax returns and/or possible fraudulent Bank Products or for any other purpose permitted by law; (v) authorize Republic to use information I am providing to Republic in conjunction with this Agreement to verify my refund status with the IRS; (vi) authorize Republic to change my Disbursement method at its discretion if necessary to process my Bank Product(s); (vii) authorize Republic, at Republic's sole discretion, if I provided my cellular phone number to my ERO, to deliver to my cellular phone number text messages and phone calls regarding Bank Products using an automatic telephone dialing system or an artificial or pre-recorded voice and understand that Republic is not requiring me to provide this authorization as a condition of obtaining a Bank Product (message and data rates may apply from my wireless carrier); and, (viii) authorize Republic, at its sole discretion, to send my Bank Product(s), or any amount due me, to me at my address, as listed on this Agreement, or to my ERO for delivery to me and agree to hold Republic harmless if my ERO does not timely deliver the check(s) to me.



12. RELEASE OF MY BANK PRODUCT INFORMATION

I authorize Republic to provide third parties, including without limitation, credit reporting agencies, and my ERO and Transmitter with information regarding the status of my Bank Product(s), including whether the IRS or any state taxing authority funded, partially funded or failed to fund my tax refund, and whether I obtained a Bank Product. (See Republic's Privacy Notice.)

13. ADDITIONAL TERMS

I authorize Republic to accept my federal tax refund from the IRS and/or my state tax refund from the applicable state taxing authority and disburse the balance of my account to me by the method selected in Section 3. I understand and agree that (i) Republic is not affiliated with and does not warrant the performance of my ERO or the Transmitter or the accuracy of the tax return; (ii) Republic's fees may be shared by Republic with my ERO and/or the Transmitter; (iii) the Transmitter Fee includes a fixed \$17 Technology Fee and a variable Transmission Fee (a portion of the variable Transmission Fee may be subsequently paid to the ERO); (iv) this Agreement is governed by applicable federal laws and the laws of the Commonwealth of Kentucky; and (v) Republic does not guarantee whether, when, or in what amount, tax refund(s) will be issued.

14. REGULATORY DISCLOSURES

A. Federal Electronic Fund Transfer Act:

In Case of Errors or Questions About My Electronic Transfers: I will telephone Republic at 1-866-581-1040 or write Republic at Tax Refund Solutions, P.O. Box 2348, Louisville, Kentucky 40201 as soon as I can if I believe my transaction history is wrong or I need more information about a particular transaction. Republic must hear from me no later than sixty (60) days after I electronically accessed my account, if the error could be viewed in my electronic history. I must tell Republic my name and Social Security Number, describe the error or transaction I am unsure about, explain as clearly as I can why I believe it is an error or why I need more information, and tell Republic the dollar amount of the suspected error. If I report an error orally, Republic may require me to send my complaint or question in writing within ten (10) business days.

Republic will determine whether an error occurred within ten (10) business days after hearing from me and will correct any error promptly. If Republic needs more time, however, it may take up to forty-five (45) days to investigate my complaint or question. If Republic decides to do this, it will credit my account within ten (10) business days for the amount I think is in error, so that I will have the use of the money during the time it takes Republic to complete its investigation. If Republic asks me to put my complaint or question in writing and does not receive it within ten (10) business days, Republic may not credit my account. For questions and errors involving new accounts, Republic may take up to ninety (90) days to investigate my complaint or question. For new accounts, Republic may take up to twenty (20) business days to credit my account for the amount I think is in error. Republic will tell me the results within three (3) business days after completing its investigation. If Republic decides that there was no error, Republic will send me a written explanation. Copies of the documents that Republic used in the investigation are available at my request.

Republic's business days are Monday through Friday, except for federal holidays.

No other electronic fund transfers are allowed. Other than the Refund Transfer Fee and Subsequent Funding Fee described in Section 4, there is no charge/fee for electronic fund transfer activity. You can access your transaction history by visiting www.republictaxpayer.com.

If Republic does not complete a transfer to or from my account on time or in the correct amount in accordance with this Agreement, Republic will be liable for my losses or damages. However, there are some exceptions. Republic will not be liable, for instance: (i) if, through no fault of Republic, I do not have enough money in my account to make the transfer, (ii) if circumstances beyond Republic's control (such as a fire or flood) prevent the transfer despite reasonable precautions that Republic may have taken, (iii) if the funds in my account have been offset by Republic in payment of a delinquent loan, or (iv) if the funds have been attached or otherwise frozen as a result of a legal proceeding.

Republic will disclose information to third parties about my account or the transfers I make (i) when it is necessary to complete transfers, (ii) in order to verify the existence and condition of my account for a third party, such as a credit bureau or merchant, (iii) in order to comply with government agency or court orders, (iv) in accordance with Republic's Privacy Notice, and (v) if I give Republic written permission.

B. Provisional Credit: Any credit given to me by Republic with respect to an automated clearing house (ACH) credit entry is provisional until Republic receives final settlement for such entry. If Republic does not receive such final settlement, I agree that Republic is entitled to a refund of the amount credited to me in connection with such entry, and the party making the payment to me via such entry (i.e., the originator of the entry) shall not be deemed to have paid me in the amount of such entry. Under the operating rules of the National Automated Clearing House Association, which are applicable to ACH transactions involving

FACTS**WHAT DOES REPUBLIC BANCORP, INC. DO WITH YOUR PERSONAL INFORMATION?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and payment history
- transaction history and credit history
- credit card or other debt and employment information

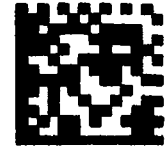
When you are *no longer* our customer, we continue to share your information as described in this notice.

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Republic Bancorp, Inc. chooses to share; and whether you can limit this sharing.

For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Call 1-888-584-3600 or go to www.republicbank.com

F. **Payment of Arbitration Fees:** Regardless of whom demands arbitration, upon my request Republic will advance my portion of the expenses associated with the arbitration, including the filing, administrative, hearing and Arbitrator's fees (Arbitration Fees) . If the Arbitrator renders a decision or an award that provides material relief in my favor resolving the dispute, then I will not be responsible for reimbursing Republic for my portion of the Arbitration Fees, and Republic will reimburse me for any Arbitration Fees I have previously paid. If the Arbitrator does not render a decision or an award that provides material relief in my favor resolving the dispute, then the Arbitrator may require me to reimburse Republic for the Arbitration Fees it has advanced, not to exceed the amount which could have been assessed as court costs if the dispute had been resolved by a state court with jurisdiction, less any Arbitration Fees I have previously paid.



G. **Conduct of Arbitration:** The arbitration hearing will be conducted in the county of my residence, or within 30 miles from such county, or in the county in which the transaction under this Agreement occurred, or in such place as shall be ordered by the Arbitrator. Throughout the arbitration, each party shall bear their own attorneys' fees and expenses, such as witness and expert witness fees. The Arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. Sections 1-16 (FAA); shall apply statutes of limitation; and shall honor claims of privilege recognized at law. The Arbitrator may decide, with or without a hearing, an motion that is substantially similar to a motion to dismiss for failure to state a claim or a motion for summary judgment. In conducting the arbitration proceeding, the Arbitrator shall not apply any federal or state rules of civil procedure or evidence. If allowed by statute or applicable law, the Arbitrator may award a party's reasonable attorneys' fees and expenses. At the timely request of any party, the Arbitrator shall provide a written explanation for the award. The Arbitrator's award may be filed with any court having jurisdiction.

H. **Small Claims Tribunal:** All parties, including related third parties, shall retain the right to seek adjudication in a small claims tribunal for disputes within the scope of such tribunal's jurisdiction. Any dispute which cannot be adjudicated within the jurisdiction of a small claims tribunal shall be resolved by binding arbitration. Any appeal of a judgment from a small claims tribunal shall be resolved by binding arbitration de novo, by a fresh review of the facts.

I. **Governing Law:** Our agreement to arbitrate is made pursuant to the FAA, because the transaction evidenced by this Agreement may involve interstate commerce. If a final non-appealable judgment of a court having jurisdiction over this transaction finds, for any reason, that the FAA does not apply to this transaction, then this agreement to arbitrate shall be governed by the arbitration law of the Commonwealth of Kentucky. This Section 15 does not apply (i) to "covered borrowers" as defined by the Military Lending Act and (ii) in states where prohibited by law, including, but not limited to, Connecticut, Maine and New York.

J. **Binding Effect:** This arbitration provision is binding upon and benefits the parties to this Agreement and their respective heirs, successors and assigns. This arbitration provision continues in full force and effect, even if my obligations have been paid or discharged through bankruptcy. This arbitration provision survives any cancellation by prepayment, termination, amendment, expiration or performance of any transaction between the parties and continues in full force and effect unless the parties otherwise agree in writing. Republic may assign its rights to have disputes resolved by arbitration, either before the dispute arises or thereafter.

16. STATE DISCLOSURES

If I reside in any of the states listed below, the following state specific provisions may be applicable to the Bank Product I am applying for:

California Residents: If married and filing from California, I have the right to apply for credit separately. A credit report may be requested in connection with my application for an Easy Advance. At my request, Republic will tell me whether or not a credit report was obtained and the name and address of the consumer reporting agency that furnished the report.

Colorado Residents: To file a complaint regarding the Easy Advance, please contact the Colorado Attorney General's office at <http://www.coag.gov/>.

Indiana Residents: WARNING: A small loan is not intended to meet long-term financing needs. A small loan should be used only to meet short-term cash needs. Renewing a small loan rather than paying the debt in full will require additional finance charges. The cost of my small loan may be higher than loans offered by other lending institutions. Small loans are regulated by the State of Indiana Department of Financial Institutions.

Iowa Residents: NOTICE TO CONSUMER: 1. Do not sign the Application/Agreement before you read it. 2. You are entitled to a copy of the Application/Agreement. 3. You may prepay the unpaid balance at any time without penalty.

Maine Residents: NOTICE TO CONSUMER: 1. Do not sign the Application/Agreement before you read it. 2. You are entitled to a copy of the Application/Agreement.

New York, Rhode Island, Utah and Vermont Residents: A credit report may be requested in connection with my application for an Easy Advance. At my request, Republic will tell me whether or not a credit report was obtained and the name and address of the consumer reporting agency that furnished the report.

Nevada Residents: Nevada law requires that we provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 West Washington Street, Suite 3900, Las Vegas, NV 89101; telephone number: 1-702-486-3132; email BCP@INFO@ag.state.nv.us. Republic Bank & Trust Company, Tax Refund Solutions, P.O. Box 2348, Louisville, KY 40201.

Ohio Residents: Ohio laws against discrimination require that all creditors make credit equally available to all credit-worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Washington State Residents: I may rescind the Easy Advance on or before the close of business on the 2nd day of business after I receive my Easy Advance, by either returning the original check to Republic or providing the amount of the Easy Advance in cash to Republic or my tax preparer or by contacting Republic at 1-866-581-1040.

Wisconsin Residents: No agreement, court order, or individual statement applying to marital property will affect a creditor's interest unless, prior to the time credit is granted, the creditor is furnished with a copy of the agreement, court order, or statement, or has actual knowledge of the adverse provision.

If you have any questions regarding the Bank Product, please visit www.republictaxpayer.com or call 1-866-581-1040

Oral Disclosure Reminder

During the Refund Transfer application process, you must orally explain the following items to every customer.

You can use many of the materials provided by Republic Bank to assist you in your oral explanation of these topics, however be sure that each bullet is explained to every customer. Also, please be aware that disclosures should be provided in the language primarily used for oral communication with the customer.

Explain the following to customers choosing a Refund Transfer (RT).

- The timing and costs associated with all refund options including free options such as direct deposit by the IRS into the customer's bank account or a check mailed to their home directly from the IRS.
- The Refund Transfer Fee is \$ 39.95, regardless of the disbursement method chosen. An additional \$ 10.00 will be charged for each subsequent federal or state funding received.
- A Direct2Cash fee of \$7 is charged if the Walmart Direct2Cash disbursement method is chosen.
- They may receive a refund in the same amount of time at no additional cost if the tax return is filed electronically and their refund is direct deposited into their own bank account.
- The amount of the estimated tax refund.
- With an RT, Republic Bank's RT Fee, Subsequent Funding Fees and all other authorized fees will be deducted from the tax refund.

Also, explain the following to customers choosing an Easy Advance:

- The Easy Advance is a loan secured by their tax refund which will be repaid by their tax refund within an estimated 21 days of IRS acknowledgement. However the IRS will not begin issuing refunds for Earned Income Tax Credit (EITC) and Additional Child Tax Credit (ACTC) related tax returns until February 15th.
- If approved for an Easy Advance, a Finance Charge will apply. The APR is _____ %.
- The Easy Advance will be disbursed to them within 24 hours.
- The Easy Advance is not their actual tax refund.
- They may file an income tax return without applying for an Easy Advance.
- The federal and/or state tax refund will be used to pay back the Easy Advance and Finance Charge.
- They are not responsible for repayment of an Easy Advance if the tax refund is not paid by the IRS and/or state.
- If they applied for an Easy Advance and Refund Transfer and are not approved for an Easy Advance, they will still receive a Refund Transfer.
- The taxpayer may apply for an Easy Advance without applying for a Refund Transfer.
- Explain the timing and cost of all available refund and product options.
- Explain that the IRS does not guarantee payment of the anticipated tax refund or a specific date on which it will disburse the refund.

Who is providing this notice?

The bank subsidiaries of Republic Bancorp, Inc. commonly known as Republic Bank.

How does Republic Bancorp, Inc. protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Republic Bancorp, Inc. collect my personal information?

We collect your personal information, for example, when you

- open an account or apply for a loan
- use your credit or debit card or make deposits or withdrawals from your account
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include companies with a common corporate identity of Republic Bancorp, Inc.*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Republic Bancorp, Inc. does not share with nonaffiliates so they can market to you*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Republic Bancorp, Inc. doesn't jointly market*

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	5,054	12b	5,054
b	Add Schedule 2, line 3, and line 12a and enter the total				
13a	Child tax credit or credit for other dependents	13a	2,000	13b	2,000
b	Add Schedule 3, line 7, and line 13a and enter the total				
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	3,054
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	191
16	Add lines 14 and 15. This is your total tax			16	3,245
17	Federal income tax withheld from Forms W-2 and 1099		FORM. 1099	17	5,123

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

18	Other payments and refundable credits:				
a	Earned income credit (EIC) NO	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	5,123

Refund

Direct deposit? See instructions

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,878
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,878
b	Routing number <u>Bank Product</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>applied for</u>		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

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

Third Party Designee

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

(Other than paid preparer) 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.

Your signature	Date	Your occupation SELF EMPLOYED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name JAIME D PERKINS	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
Firm's name ▶ JDP & ASSOCIATES	Phone no. 904-325-9652			
Firm's address ▶ PO BOX 4422 SAINT AUGUSTINE FL 32084-			Firm's EIN ▶ 47-5190717	

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only 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 one box a child but not your dependent. ▶

Your first name and middle initial ANTHONY E	Last name COLEMAN	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. PO BOX 113		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). HASTINGS FL 32145		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	6,167
2a Tax-exempt interest	2a	2b Taxable interest. Attach Sch. B if required	
3a Qualified dividends	3a	3b Ordinary dividends. Attach Sch. B if required	
4a IRA distributions	4a	4b Taxable amount	
5a Social security benefits	5a	4d Taxable amount	55,611
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		5b Taxable amount	
7a Other income from Schedule 1, line 9		6	
b Add lines 1, 2b, 3b, 4b, 5b, 6, and 7a. This is your total income		7a	1,349
8a Adjustments to income from Schedule 1, line 22		7b	63,127
b Subtract line 8a from line 7b. This is your adjusted gross income		8a	96
9 Standard deduction or itemized deductions (from Schedule A)	9	8b	63,031
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10			18,350
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			251
		11a	18,601
		11b	44,430

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

ANTHONY E COLEMAN

Your social security number

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	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	191
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> 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	191

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

Schedule 2 (Form 1040 or 1040-SR) 2019

BCA

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

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

Your social security number

ANTHONY E COLEMAN

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	1,349
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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	1,349

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	96
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	96

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

Schedule 1 (Form 1040 or 1040-SR) 2019

BCA

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor ANTHONY E COLEMAN		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) ST JOHNS COUNTY SCHO	B Enter code from instructions ▶ 999999	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 59-6000824	
E Business address (including suite or room no.) ▶ 40 ORANGE STREET City, town or post office, state, and ZIP code SAINT AUGUSTINE FL 32084-		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 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"/>	1	1,349
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	1,349
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	1,349
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6	▶	7	1,349

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

8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals (see instructions)	24b
17 Legal and professional services	17	25 Utilities	25
		26 Wages (less employment credits)	26
		27a Other expenses (from line 48)	27a
		b Reserved for future use	27b
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	▶	28	
29 Tentative profit or (loss). Subtract line 28 from line 7		29	1,349
30 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		30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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.		31	1,349
32 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 Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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 8198. Your loss may be limited.		32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)
 ANTHONY E COLEMAN

Social security number of person with self-employment income

Section B—Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

<p>A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/></p>		
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions).	1a
1 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 AH.	1b ()
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions).	2 1,349
3	Combine lines 1a, 1b, and 2	3 1,349
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a 1,246
4 b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
4 c	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c 1,246
5 a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a
5 b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b
6	Add lines 4c and 5b	6 1,246
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019	7 132,900
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11	8a 6,167
8 b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b
8 c	Wages subject to social security tax (from Form 8919, line 10)	8c
8 d	Add lines 8a, 8b, and 8c	8d 6,167
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9 126,733
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10 155
11	Multiply line 6 by 2.9% (0.029)	11 36
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55	12 191
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	13 96

Part II Optional Methods To Figure Net Earnings (see instructions)

<p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$8,160, or (b) your net farm profits² were less than \$5,891.</p>		
14	Maximum income for optional methods	14 5,440
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,440. Also include this amount on line 4b above	15
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,891 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.</p>		
16	Subtract line 15 from line 14	16
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

1099 MISCELLANEOUS REPORT - 2019



Payer	ID number	Rent	Roy	Prizes	Fed With	Fish Boat	Med	Nonemp Comp	Sub Paymts	Crop Ins	EPP	Sect 409A	St With	St With

ST JOHNS COUNTY SCHO:
 ST JOHNS COUNTY 59-6000824

1349

 1349



1099-R DETAIL REPORT - 2019

Payer	EIN	T S 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
FLORIDA RETIREMENT S	59-1354377	T 2		4815		55611	55611		55611		
				4815		55611	55611		55611		

Part III Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part III Eligibility Certification

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; and
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

2019

Department of the Treasury
Internal Revenue Service

▶ To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

ANTHONY E COLEMAN

Enter preparer's name and PTIN

JAIME D PERKINS

P01950710

Part 1 Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents, if any, that you relied on. WAGE STMENTS/ 1099 W2/ PRIOR YEAR TAX RETURN			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.