FORM 6 FULL AND PUBLIC DISCLOS	SURE 2019
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERES	TS FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME:	
Lyon Vincent T	
MAILING ADDRESS:	
27 Empress Lane	RECEIVED
	JUN 1 0 2020
CITY: ZIP: COUNTY:	
Palm Coast 32164 Flagler	FLAGLER COUNTY SUPERVISOR OF ELECTIONS
NAME OF AGENCY: Flagler County School Board	Succession
NAME OF OFFICE OR POSITION HELD OR SOUGHT: School Board Member, District 1	
CHECK IF THIS IS A FILING BY A CANDIDATE ☑	
PART A NET WORTH	
Please enter the value of your net worth as of December 31, 2019 or a more curculated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so plea	
My net worth as of June 2, 20 20 was \$ 791	656.90
PART B ASSETS	
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value of following, if not held for investment purposes: jewelry; collections of stamps, guns, and numism furnishings; clothing; other household items; and vehicles for personal use, whether owned or least	natic items; art objects; household equipment and
The aggregate value of my household goods and personal effects (described above) is \$ $\frac{27,150}{100}$	0
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions)	
Half interest in Vivianne Holt & Vincent Lyon Trust	370030.00
Bank accounts (American Bank)	15842.57
Bank account (One West)	5339.36
(continued on attachment)	
EL CHERRY NAMED OF THE PARTY OF	
PART C LIABILITIES LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	ı AMOUNT OF LIABILITY
PNC Mortgage	122119.64
Nelnet Student Loan	32176.17
- Temer Student Loan	32170.17
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:	
NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

							
		PART D -	- INCOME				
	me tax return, including all W2	s, schedules, a	O during the year, including secondary and attachments. Please redact any s re 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 INCO	OME (See instructions on pa	ıge 5):					
NAME OF SOURCE OF INC	COME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	1E	AMOUNT		

SECONDARY SOURCES OF I	INCOME [Major customers, cli	ents, etc., of bu	usinesses owned by reporting person-	-see instruction	ns on page 5]:		
NAME OF	NAME OF MAJOR		ADDRESS		PRINCIPAL BUSINESS		
BUSINESS ENTITY	OF BUSINESS	INCOME	OF SOURCE		ACTIVITY OF SOURCE		
	PART F INTERESTS II	N SPECIFIE	D BUSINESSES [Instructions of	n nage 61			
•	BUSINESS ENTITY:		BUSINESS ENTITY # 2		IESS ENTITY # 3		
NAME OF	none						
BUSINESS ENTITY ADDRESS OF			y große August Manager aus der State der Ausgester der Ausgester der Ausgester der Ausgester der Ausgester der		The state of the s		
BUSINESS ENTITY PRINCIPAL BUSINESS							
ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
		DADTE '	TRAINING				
For office	are required to complete		ics training pursuant to section	112 31/2	FQ		
	•		PLETED THE REQUIRED	·			
Annotation of graph to the transfer of the tra							
\mathbf{O} A	ATH		OF FLORIDA TY OF <u>Flagler</u>				
I, the person whose name app	pears at the	Sworn	to (or affirmed) and subscribed befor	•	s of		
beginning of this form, do dep	ose on oath or affirmation	☑ phy	sical presence or online notariza	tion, this	day of		
and say that the information di			June , 202 by Kacent T. Lyon				
and any attachments hereto is	true, accurate,		Drawn Yl Siech				
and complete.		(Signat	ure of the Public State of Florida KAROLYN N. SH				
		(Print, ⁻	MY COMMISSION #	EE 002404	olic)		
Vitt.	2		Bonded Thru Notary Publ	C Underwriters	······································		
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE			ouced Identifica	ation		
		Type of	f Identification Produced				
If a certified public accountan	t licensed under Chapter 47	3, or attorney	in good standing with the Florida E	Bar prepared t	his form for you, he or		
she must complete the follow	-						
I, Section 112.3144. Florida Sta	itutes, and the instructions to	, prepared to the form. Un	the CE Form 6 in accordance with a pon my reasonable knowledge and	Art. II, Sec. 8, belief, the dis	Florida Constitution, closure herein is true		
and correct.			y				
Signatur			43 64 644 45 454	Date			
Preparation of this form	by a CPA or attorney de	oes not relie	ve the filer of the responsibili	ty to sign th	e form under oath.		

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

PAGE 2

Assets valued at over \$1,000 (cont.)	Value of Asset
Retirement account (Vanguard)	217356.75
Retirement account (TIAA CREF)	17693.18
Stock (Lowes)	2326.02
401k (Wells Fargo)	10216.16

es de la companya de

		ent of the Treasury-Internal Revenue Service Individual Income Tax	Return (99)	2019	OMB No. 154	5-0074	IRS Use Only-Do n	ot write or	staple in thi	s space.
Filing		Single Head of household (HOH) I checked the MFS box, enter the	Marrie □ Quali	ed filing join fying widow	v(er) (QW)		Married filing se)
Check only one oox.	name	e if the qualifying person is a chil	d but not your	dependent.	>		,			
Your first name			Last name				You	r social s	ecurity num	ber
Vincent			Lvon				X	XX-XX	XXXX-	
The billion of the Control of the Co	ouse'	s first name and middle initial	Last name				Spo	use's so	cial security	number
Vivianne			Holt			the second secon	X	XX-XX	-XXXX	
	(numb	er and street). If you have a P.O. box,	see instructions	S.			Apt. no. Pre	sidentia	l Election u, or your spou	Campaign
27 Empres	s La	ine					joint	ly, want \$3 (o go to this fund	d.
City, town or po	st offic	e, state, and ZIP code. If you have a	ioreign address,	also complete	spaces below (see inst		cking a box or refund.	below will not c	
Palm Coas							LIA (A Ioiuiia.	You	Spouse
Foreign country			Foreign pro	ovince/state/co	- 10.6-300M		see		four deper check here	
Standard Deduction		eone can claim: You as Spouse itemizes on a separate re	a dependent		r spouse as a tatus alien	depend	dent			No. of the second second
	You:				blind					
Age/Blindness		use: Was born before Janu		∏ Is bi						
Dependents	والمستريس						(4) check if qu	ialifies f	or (see ins	st.):
(1) First name	(000	Last name	(2) Social secu	rity number	(3) Relationship to	o you	Child tax credi	t Cr	edit for other	r dependents
(1) 1 1101 1101110										
V		A CONTRACTOR OF THE PROPERTY O								
	1	Wages, salaries, tips, etc. Attac	ch Form(s) W-	2.(· · · · / · · ·			1		70,000
	2a	Tax-exempt interest	200		b Taxable	interes	st	2b		239
Standard	3a	Qualified dividends	. 3a	1,032		•	ends	3b		1,667
Deduction	4a	IRA distributions	. 4a	and the state of t			nt nt	4b 4d		18,840
Single or Married filing separately,	С	Pensions and annuities	. 4c							10,010
\$12,200	5a	Social security benefits	. 5a	and the second s			nt	5b		
Married filing jointly or	6	Capital gain or (loss). Attach So	shedule D if re	equired. If no	it requirea, ch	eck nei	re▶∐	-		
Qualifying widow(er),	7a	Other income from Schedule 1	de'					7a		(619
\$24,400	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6	s, and 7a. This	is your tota	l income		, >	7b		90,127
Head of household,	8a	Adjustments to income from So	chedule 1, line	22				8a		552
\$18,350	b	Subtract line ga from line 7b. Th	nis is your adj u	ısted gross	income		>	8b		89,575
If you checked any box under Standard	9	Standard deduction or itemiz			1	9	24,400)		
Deduction, see instructions.	10	Qualified business Income deduction	n. Attach Form 8	995 or Form 8	3995-A · · ·	10		11a		24,400
.:	11a	Add lines 9 and 10								
	b	Taxable income. Subtract line	11a from line 8	3b. If zero or	less, enter -0-			11b		65,175
		Act, and Paperwork Reduction Act No							40A	40 (2019)

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JUN 1 0 2020

FLAGLER COUNTY SUPERVISOR OF ELECTIONS

Form 1040 (201	9)	Vincent Lyon & Viv ine Hol	t	<u>,,</u>	· ·	XX	X-XX-	-XXXX	raye =
	12a	Tax (see instructions). Check if ar	ny from:		ı 1				
		1 Form(s) 8814 2 Form	4972 3		12a	7,307			
	b	Add Schedule 2, line 3, and line 1	2a and enter	the total		>	12b	and the state of t	7,307
	13a	Child tax credit or credit for other	dependents		13a	And the second s			
	b	Add Schedule 3, line 7, and line 1	13a and enter	the total			13b		0
	14	Subtract line 13b from line 12b. If	zero or less, o	enter -0-			14		7,307
	15	Other taxes, including self-emplo	yment tax, fro	m Schedul	le 2, line 10 .		15		
	16	Add lines 14 and 15. This is your	total tax .				16		7,307
	17	Federal income tax withheld from	ı Forms W-2 a	nd 1099			17	and the second s	6,202
	18	Other payments and refundable of	credits:					i	
If you have a qualifying child, attach	а	Earned income credit (EIC)			18a			i	
Sch. EIC.	b	Additional child tax credit. Attach	Schedule 881	2	18b			ı	
 If you have nontaxable combat pay, 	С	American opportunity credit from	Form 8863, lii	ne 8	Ą. 18c			ı	
see instructions.	d	Schedule 3, line 14			18d	8,760		:	
	е	Add lines 18a through 18d. These are your to	otal other paymer	nts and refun	dable credits		18e		8,760
	19	Add lines 17 and 18e. These are	your total pay	ments			19		14,962
Refund	20	If line 19 is more than line 16, subtract line 16	from line 19. This	is the amount	you overpaid	* * * * * *	20	in the second se	7,655
	21 a	Amount of line 20 you want refunded	to you. If Form	8888 is atta	ached, check he	re ▶ 🗌	21a		3,855
Direct deposit?	▶ b	Routing number X X X X X	\sim \sim t_{corr} ,	▶ c Type:		Savings		i	
See instructions.	▶ d	Account number X X X X X	7	x x x	x x x x			ı	
	22	Amount of line 20 you want applied to your			00	3,800			
Amount	23	Amount you owe. Subtract line 19 from line	-11		ee instructions	>	23		0
You Owe) 24	Estimated tax penalty (see instru	ctions)		. ▶ 24				
Third Party	Do	you want to allow another person (other than you			n with the IRS? See	instructions.			olete below.
Designee (Other than	De	signee's		hone		Personal identific		No -	
paid preparer)		me ▶ penalties of perjury, I declare that I have exa		o. >	nving schedules a	number (PIN) nd statements.	and to	the best o	 f
Sign Here	my kn	owledge and belief, they are true, correct, an	d complete. Decla	ration of prep	arer (other than ta	kpayer) is based	l on all	informatio	n
11010		ch preparer has any knowledge ur signature	Date	Your occupa	ation			nt you an Id N, enter it h	
Joint retum? See instructions.	669	37	04-01-2020			(see	inst.)		
Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's or	ccupation	Identi	ty Prote	nt your spou ection PIN, e	enter it here
your records.	261	81.	04-01-2020 Email address	Retired		(see	nst.)		1-1-1-
		epaye's signature	Email address		Date	PTIN		Check if	
Paid		By WULL			04-24-2020	and the same of th		Ħ	arty Designer
Preparer Use Only			Jr. Jr. PA		Phone no. 40	1-316-9713		S9If-6	employed
200 Jiny		n's address ►PO Box 1439		The state of the s					
-	MANAGE OF THE PARTY OF THE PART	Flagler Beach, FL 32				Firm's	EIN ▶		085949
Go to www.irs.g	ov/Form	1040SR for instructions and the latest information.			RI	ECEIV	ED	Form 10 4	10 (2019)

JUN 1 0 2020

SCHEDULE 1

EEA

(Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service

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

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

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019

Attachment Sequence No. **01**

Your social security number

Vi	ncent Lyon & Vivianne Holt	XXX-XXX	XXXX
	y time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any	_	
virtua	ll currency?		Yes 🗶 No
Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1	
2a	Alimony received	- 2a	
b	Date of original divorce or separation agreement (see instructions)	_	
3	Business income or (loss), Attach Schedule C	. 3	
4	Other gains or (losses). Attach Form 4797	. 4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	. 5	(619
6	Farm income or (loss), Attach Schedule F	. 6	
7	Unemployment compensation	. 7	· · · · · · · · · · · · · · · · · · ·
8	Other income. List type and amount		
		8	angements of the communication and a second second second
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	. 9	(619
Par	t II Adjustments to Income		The state of the s
10	Educator expenses	. 10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach		
	Form 2106	. 11	
12	Health savings account deduction. Attach Form 8889	. 12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	- 13	
14	Deductible part of self-employment tax, Attach Schedule SE	. 14	
15	Self-employed SEP, SIMPLE, and qualified plans	10	
16	Self-employed health insurance deduction	. 16	
17	Penalty on early withdrawal of savings	. 17	
18a	Alimony paid	· 18a	The state of the s
b	Recipient's SSN · · · · · · · · · · · · · · · · · ·	_	
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	. 19	
20	Student loan interest deduction & April 1997		552
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	552

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FLAGLER COUNTY
SUPERVISOR OF ELECTIONS

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 3

(Form 1040 or 1040-SR)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019

Attachment
Sequence No. 03
Your social security number

Name(s) shown on Form 1040 or 1040-SR XXXX-XX-XXX Vincent Lyon & Vivianne Holt Part I Nonrefundable Credits 1 Foreign tax credit. Attach Form 1116 if required 2 2 Credit for child and dependent care expenses. Attach Form 2441 3 Education credits from Form 8863, line 19 3 4 Retirement savings contributions credit. Attach Form 8880 Residential energy credits. Attach Form 5695 5 5 6 Other credits from Form: a 3800 b 8801 c 7 0 Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b Part II Other Payments and Refundable Credits 8 8,760 2019 estimated tax payments and amount applied from 2018 return 8 9 9 Net premium tax credit. Attach Form 8962 10 10 Amount paid with request for extension to file (see instructions) 11 Excess social security and tier 1 RRTA tax withheld 11 12 Credit for federal tax on fuels. Attach Form 4136 12 13 Credits from Form: a 2439 b Reserved c 8885 13 8,760 14 Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d 14

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

Schedule 3 (Form 1040 or 1040-SR) 2019

EEA

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JUN 1 0 2020

FLAGLER COUNTY SUPERVISOR OF ELECTIONS

SCHEDULE B

(Form 1040 or 1040-SR)

terest and Ordinary Dividends

OMB No. 1545-0074 2019

Go to www.irs.gov/ScheduleB for instructions and the latest information. Department of the Treasury Attach to Form 1040 or 1040-SR. Internal Revenue Service (99)

Attachment Sequence No.

Your social security number Name(s) shown on return XXX-XX-XXXX Vincent Lyon & Vivianne Holt Amount List name of payer. If any interest is from a seller-financed mortgage and the Part I buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address (See instructions and the 46 instructions for American Bank Forms 1040 and 154 Capital One National Association 1040-SR, line 2b.) 39 Cit Bank NA Note: If you received a Form 1 1099-INT. Form 1099-OID, or substitute 239 INTEREST SUBTOTAL statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 239 Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 3 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, 239 **Amount** Note: If line 4 is over \$1,500, you must complete Part III. Part II List name of payer > 35 E-Trade Ordinary 162 Firstrade Securities Inc 1,470 Dividends Vanguard (See instructions and the 5 instructions for Forms 1040 and 1040-SR, line 3b.) IUN 1 0 2020 Note: If you received a Form 1099-DIV or ELAGLER COUNTY substitute PERVISOR OF ELECTIONS statement from 1,667 DIVIDEND SUBTOTAL? a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, dividends shown on that form. 1,667 Note: If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Part III Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Foreign 🌂 7a. At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign **Accounts** country? See instructions and Trusts If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Caution: If Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 required, failure and its instructions for filing requirements and exceptions to those requirements to file FinCEN If you are required to file FinCEN Form 114, enter the name of the foreign country where the Form 114 may result in financial account is located substantial During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a penalties. See instructions. foreign trust? If "Yes," you may have to file Form 3520. See instructions

SCHEDULE E (Form 1040 or 1040-SR)

Supplemental Income and Loss W

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041. 4 0 2020

OMB No. 1545-0074

Your social security number

2019

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Attachment Sequence No. 13

SUPERVISOR OF ELECTIO XXXX - XX - XXXXVincent Lyon & Vivianne Holt Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Part I Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. No A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) П No B If "Yes," did you or will you file required Forms 1099? Physical address of each property (street, city, state, ZIP code) Α 1172 Perkins Terrace, Memphis, TN 38117 321 Atlantic Avenue, Oak Grove, KY 42262 В C Condominium, Kailua Kona, HI 96745 Personal Use Fair Rental 2 For each rental real estate property listed 1b Type of Property QJV above, report the number of fair rental and Days Days (from list below) personal use days. Check the QJV box Α Α 0 365 only if you meet the requirements to file as 1 a qualified joint venture. See instructions. В 0 В 365 C 0 C 1 365 Type of Property: 1 Single Family Residence 7 Self-Rental 3 Vacation/Short-Term Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties C Properties: 7. Income: 26,055 12,941 9,559 4 Royalties received Expenses: 5 Advertising 6 6 Auto and travel (see instructions) 209 7 7 Cleaning and maintenance 173 5,211 8 Commissions 8 9 1,102 668 559 10 10 Legal and other professional fees 11 860 245 11 12 12 Mortgage interest paid to banks, etc. (see instructions) 13 Other interest 13 14 2,010 264 14 7,654 15 64 848 15 16 1,888 1,032 4,402 16 . 1 / . Tag 17 17 293 Depreciation expense or depletion 18 18 3,408 3,296 13,636 19 1,283 19 Other (list) > Statement #1 69 20 7,251 25,628 20 Total expenses. Add lines 5 through 19 16,295 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If 21 result is a (loss), see instructions to find out/if you must file Form 6198 21 427 (6,736)5,690 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 6.736)23a 23a Total of all amounts reported on line 3 for all rental properties 48,555 b Total of all amounts reported on line 4 for all royalty properties 23b 0 23c c Total of all amounts reported on line 12 for all properties 0 20.340 d Total of all amounts reported on line 18 for all properties e Total of all amounts reported on line 20 for all properties 49,174 24 6,117 Income. Add positive amounts shown on line 21. Do not include any losses 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 6,736) 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this (619)

Form **4562**

Lepreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Department of the Treasury ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Business or activity to which this form relates Name(s) shown on return

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

XXX-XX-XXX 1172 Perkins Terrace Vincent Lyon & Vivianne Holt Election To Expense Certain Property Under Section 179 Part Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 4 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 34 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (b) Cost (business use only) 6 (c) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 properly. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 8 9 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Carryover of disallowed deduction to 2020, Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions

Property subject to section 168(f)(1) election 14 15 15 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 3,408 17 If you are electing to group any assets placed in service during the tax year into one or more general 18 asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property only-see instructions) service 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property f 20-year property S/L 25 yrs. 25-year property * MM S/L Residential rental 27.5 yrs. S/L MM property / 27.5 yrs. MM S/L 39 yrs. Nonresidential real MM S/L property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. S/L 12-year MM S/L 30 yrs. C 30-year MM S/L 40 yrs. d 40-year Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 3,408 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

Lepreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment Sequence No. 179

Form 4562 (2019)

Identifying number

XXX-XX-XXX 321 Atlantic Ave Vincent Lyon & Vivianne Holt Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (b) Cost (business use only) (c) Elected cost 6 (a) Description of property 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2019 3,296 17 If you are electing to group any assets placed in service during the tax year into one or more general 18 asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (e) Convention (f) Method placed in . (a) Classification of property period only-see instructions) service 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property f 20-year property S/L 25 yrs. 25-year property S/L 27.5 yrs. MM Residential rental MM S/L 27.5 yrs. property / 4 MM S/L 39 yrs. Nonresidential real S/L MM property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. S/L 12-year S/L 30 yrs. MM 30-year C MM S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 3,296 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562**

Lopreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Name(s) shown on return		Business	or activity to which	this form relates		Identifying number	
Vin	cent Lyon & Vivianne Ho	1t	Co	ndominium			XXX-XX-XXX	ζ
Pai		e Certain Pro	perty Under Sec	tion 179				
	Note: If you have any I	isted property, c	omplete Part V befo	re you compl	ete Part I.			
1	Maximum amount (see instructions)						1	NACO COMO COMO COMO COMO COMO COMO COMO C
2	Total cost of section 179 property pl						2	
3	Threshold cost of section 179 prope					n 0 E 0 + 4	3	
4	Reduction in limitation. Subtract line						4	
5	Dollar limitation for tax year. Subtract							
	separately, see instructions						5	
6	(a) Description of pr			t (business use only		cted cost		
MODELLOVILABLE		The second secon	and the second s					
7	Listed property. Enter the amount fr	om line 29 · ·		7				
8	Total elected cost of section 179 pro	perty. Add amoun	ts in column (c), lines	6 and 7 · · ·			8	
9	Tentative deduction. Enter the small						9	
10	Carryover of disallowed deduction f						10	
11	Business income limitation. Enter th					tions	11	
12	Section 179 expense deduction. Ad	d lines 9 and 10, b	out don't enter more tha	an line 11 🛴 🤊			12	
13	Carryover of disallowed deduction t				43			
www.commonwer.	: Don't use Part II or Part III below for	listed property. Ins	tead, use Part V.	() () ()				
Pa		n Allowance	and Other Depr	eciation (D	on't include l	isted property	 See instructions 	3.)
14	Special depreciation allowance for							
	during the tax year. See instructions						14	
15	Property subject to section 168(f)(1					a a a + + B	15	
16	Other depreciation (including ACRS	;)	· • • • • • • • • • • • • • • • • • • •				16 1	3,636
Pai	rt III MACRS Depreciati							
· Commonweal	9		Section					
17	MACRS deductions for assets place	ed in service in tax	years beginning before	e 2019 · · ·			17	
18	If you are electing to group any asse					W		
	asset accounts, check here							
Spatialoneshad	Section B - Assets F	Placed in Servi	ce During 2019 Ta	x Year Using	the Genera	l Depreciation	n System	
or Control of the Con	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use conly-see instructions)		(e) Convention	(গ্) Method	(g) Depreciation ded	luction
19a	3-year property					10	PNIA	
b	5-year property	1				FLAO	<0.20	
C	7-year property	-				SUPERVIS	ERCOL	
d	10-year property						OR OF FLECTION	
е	15-year property						CECTION	/c-
f	20-year property	1						
g	25-year property	1		25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property /		The second secon	27.5 yrs.	MM	S/L		
i	Nonresidential real		programme and the contract of	39 yrs.	MM	S/L		
·	property				MM	S/L		
************	Section C - Assets Pla	ced in Service	During 2019 Tax \	ear Using th	e Alternativo	e Depreciati	on System	
20a	Class life					S/L		
b	12-year	1		12 yrs.		S/L		
c	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	ММ	S/L		
-	rt IV Summary (See insti	uctions.)		1				
21	Listed property. Enter amount from					21		
22	Total. Add amounts from line 12, line		nes 19 and 20 in colum	n (g), and line 2	1. Enter	Sec. 44		
our stay	here and on the appropriate lines of	vour return Partr	erships and S corpora	tions - see instr	uctions • • •	22	1	3,636
23	For assets shown above and placed				T			
	portion of the basis attributable to se				.			

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authoriz

ERO must obtain and retain completed Form 8879 🗸 🕖

OMB No. 1545-0074

Go to www.irs.gov/Form8879 for the latest information. ERVISOR OF ELEC Submission Identification Number (SID) Social security number Taxpaver's name XXX-XX-XXX Vincent Lyon Spouse's social security number Spouse's name Vivianne Holt Tax Return Information - Tax Year Ending December 31, 2019 (Whole dollars only) Part I Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35) 89,575 2 Total_tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61) 7,307 Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, 6,202 Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a) 4 3,855 5 Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75) Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II 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 notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cellation requests must be received no later than 2 business davs 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 related to the payment. I further acknowledge that the personal identification number (PIN and, if applicable, my Electronic Funds Withdrawal Consent.	ation necessary to answ below is my signature	ver inquiries and resolve for my electronic income	issues tax return
Taxpayer's PIN: check one box only			
x I authorize <u>Perry P. Gambrell, Jr. PA</u> ERO firm name signature on my tax year 2019 electronically filed income tax return.	to enter or generate	Enter five	as my digits, but r all zeros
I will enter my PIN as my signature on my tax year 2019 electronically entering your own PIN and your return is filed using the Practitioner F	r filed income tax retu PIN method. The ERC	urn. Check this box o O must complete Part	า ly if you are III below.
Your signature ▶	Date ▶		
Spouse's PIN: check one box only x I authorize Perry P. Gambrell, Jr. PA ERO firm name signature on my tax year 2019 electronically filed income tax return.	to enter or generate		as my digits, but r all zeros
I will enter my PIN as my signature on my tax year 2019 electronically entering your own PIN and your return is filed using the Practitioner F	r filed income tax retu PIN method. The ERC	urn. Check this box or O must complete Part	ily if you are III below.
Spouse's signature ▶ →	Date 🕨		
Practitioner PIN Method Returns Only -			
Part III Certification and Authentication - Practitioner PIN Me	ethod Only		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sele	cted PIN.	XXXXXX- Don't enter all	zeros
I certify that the above numeric entry is my PIN, which is my signature for the tax year 201 indicated above. I confirm that I am submitting this return in accordance with the requirement Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	9 electronically filed inco is of the Practitioner PIN	ome tax return for the tax method and Pub.1345,	payer(s)
ERO's signature ▶	Date ≽	04-24-2020	
/ ERO Must Retain This Form - S			
Don't Submit This Form to the IRS Unles	s Requested To E	Jo So	P 0000 (0010)
For Danaguark Daduction Act Notice, eee your tay return instructions			Form 8879 (2019)

:	Federal Supporting Statements	2019 PG01				
Name(s) as shown on return		Tax ID Number				
Vincent Lyon &	Vivianne Holt	XXX-XX-XXXX				
	Schedule E - Line 19 - Other Expenses Statement #1					
Other Expenses	Property A Propert	y B Property C				
Inspection fee	es 69	4 000				
Merchant svcs	charge	1,283				
Total	69	1,283				



1040

Overflow Statement

2019 Page 1

Name(s) as shown on return

Vincent Lyon & Vivianne Holt

Your Social Security Number XXX - XX - XXX

Schedule A, Line 6 - Other Taxes

Description		Amount		
Foreign tax		\$	41	
	Total:	\$	41	

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JUN 10 2020

SUPERVISOR OF ELECTIONS

-									
	Summary of Estimates	2020							
SCOOLS SOUTH	Name(s) as shown on return	Your SSN/EIN							
	Vincent Lyon & Vivianne Holt	XXX-XX-XXX							
-	Federal								
I	Form: 1040-FS								

	1				
Due Date	07-15-2020	07-15-2020	09-15-2020	01-15-2021	Total
Total Installment Amount	950	950	950	950	3,800
Overpayment Applied	950	950	950	950	3,800
Net Installment Due					

	Taxpayer Records		
Amount Actually Paid			
Date Paid			
Check #/Confirmation			



Estimated Tax Worksheet for Next Year

(Keep for your records) 2019
Tax ID Number

ame(s) a	s shown on return	Tax ID Number
ince	nt Lyon & Vivianne Holt	XXX-XX-XXXX
1.	Wages	1.
2.	Interest and Dividend income	2.
3.	Capital gain income	3.
4.	Taxable IRA/Pension income	4.
5.	Taxable Social Security income	5.
6.	Business income	6.
7.	Other income	7.
8.	Total income (add lines 1 thru 7)	8.
9.	Adjustments to income	9.
10.	Adjusted gross income (subtract line 9 from line 8)	10.
11a.	Itemized deductions	
11b.	Standard deduction	
12.	Taxable income (subtract the larger of line 11a or 11b from line 10)	12.
13.	Estimated Section 199A deduction for qualified trade or business income	13.
14.	Projected taxable income (subtract line 13 from line 12)	14.
15.	Decision of Toy	15.
16.	Alternative Minimum Tax	16.
17.	Total tax	17.
18a.	Child Tax Credit and Other Dependent Credit	
18b.	Other projected Credits	
18c.	Total projected credits	8c.
19.	Total projected credits	19.
20.	Projected SF Tax - Taxpayer	20.
21.	Projected SE Tax - Spouse	21.
22.	Other taxes	22.
23a.	Add lines 19 through 22	l3a
b.	Earned income credit, additional child tax credit, fuel tax credit, net premium tax credit,	
	refundable American opportunity credit, and refundable credit from Form 8885	3b.
c.	Total 2020 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0-	l3c.
24a.	Multiply line 23c by 90% (66 2/3% for farmers and fishermen)	
b.	Required annual payment based on prior year's tax (see instructions)	
C.	Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b	4c. 7,307
25.	Projected Withholding	25 . 6,202
26.	Projected Net Tax (subtract line 25 from line 24c)	26. <u>1,105</u>

Estimates will be computed on \$1,105. This is line 26.

Use screen ETA to provide accurate estimates of next year's income, deductions, and credits. If screen ETA is used, lines 1-24a of this worksheet will be autofilled.



1099-Misc Detail Listing

Name(s) as shown on return Vincent Lyon & Vivianne Holt	Holt					0 	Social Security No. XXX-XX-XXXX	XXXX			
				FEDERAL		Charles Comments of the Commen				STATE	
T/S Payer Name	i	Royalties	Other Income	W/H	Fishing	Medical	Nonemployee	Crop Ins	Attorney	W/H	ST Income
Marath	10 500										
T Kona Now Hawaii Rentals											
T Taxpayer Totals	46,114										
S Spouse Totals						131					
FLAGLER COUNTY FLAGLER COUNTY SUPERVISOR OF ELECTION	RECEIVED JUN 1 0 2020										

Stude: Loan Interest Deduction Worksh Form 1040, Line 20

(Keep for your records)

2019

Name(s) as shown on return	Tax ID Number	
Vincent Lyon & Vivianne Holt	XXXX-XX-XXXX	
1. Enter the total interest you paid in 2019 on qualified student loans (see the instructions for line 20). Don't enter more than \$2,500		552
2. Enter the amount from Form 1040 or 1040-SR, line 7b		
3. Enter the total of the amounts from Schedule 1, lines 10 through 19, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22		
4. Subtract line 3 from line 2		
 5. Enter the amount shown below for your filing status. Single, head of household, or qualifying widow(er) - \$70,000 Married filing jointly - \$140,000 		
6. Is the amount on line 4 more than the amount on line 5? No. Skip lines 6 and 7, enter -0- on line 8, and go to line 9. Yes. Subtract line 5 from line 4		
7. Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000		
8. Multiply line 1 by line 7		0
9. Student loan interest deduction. Subtract line 8 from line 1. Enter the result here and on Schedule 1, line 20.		
Don't include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	The second secon	552

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FLAGLER COUNTY SUPERVISOR OF ELECTIONS

Computation of Regular Tax

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

Vincent Lyon & Vivianne Holt XXX-XX-XXXX

Statement for line 12a of Form 1040

Tax per Tax Table \$ 7,433
Tax from Qualified Dividends/Capital Gain Worksheet \$ 7,307

\$ 7,307 Tax computed using the most advantageous method allowed

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FLAGLER COUNTY SUPERVISOR OF ELECTIONS

1.217

Quanfied Dividends and Capital Gain Tax Worksheet - Line 12a (Form 1040)

(Keep for your records)

2019

Name(s) as shown on return

Vincent Lyon & Vivianne Holt

JUN 1 0 2020

Tax ID Number

XXX-XX-XXXX

Be	See the earlier instructions for line 12a to see if you can use this worksheet to figure your tax. Before completing this worksheet, complete Form 1040 or 1040-SR through line 11b. If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the on Form 1040 or 1040-SR, line 6.	ne box
1.	Enter the amount from Form 1040 or 1040-SR, line 11b. However, if you are	
	filing Form 2555 (relating to foreign earned income), enter the amount from	
	line 3 of the Foreign Income Tax Worksheet	65,175
2.	Statement of the state of the s	1,032
3.	Are you filing Schedule D?*	
	Yes. Enter the smaller of line 15 or 16 of Schedule D.	
	If either line 15 or 16 is blank or a loss, enter -0	
	No. Enter the amount from Form 1040 or 1040-SR, line 6	1 020
4.	Add lines 2 and 3 · · · · · · · · · · · · · · · · · ·	1,032
5.	If filing Form 4952 (used to figure investment interest expense deduction),	
_	enter any amount from line 4g of that form. Otherwise, enter -0-	1,032
		64,143
7.		04,143
8.		
	\$39,375 if single or married filing separately, \$78,750 if married filing jointly or qualifying widow(er).	78,750
		70,750
	\$52,750 if head of household.	
	Enter the smaller of line 1 or line 8	65,175
40	40	64,143
10.		1,032
11. 12.		1,032
13.	49	1,032
	Subtract line 13 from line 12	
	Enter:	Make the second
10.	\$434,550 if single,	
	\$244,425 if married filing separately,	
	\$488,850 if married filing jointly or qualifying widow(er),	488,850
	\$461,700 if head of household.	and a street of the street of
16.	Enter the smaller of line 1 or line 15 , 16.	65,175
17.	Add lines 7 and 11	65,175
	Subtract line 17 from line 16. If zero or less, enter -0-	
19.	and the second s	
20.	20	
21.	and the second of the second o	1,032
22.	Subtract line 21 from line 12.	-0200/
23.	Multiply line 22 by 20%(0,20)	and the second second
24.	, , , , , , , , , , , , , , , , , , ,	
	to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet 24.	7,307
25.	Add lines 20, 23, and 24	7,307
	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table	
	to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	7,433
27.	Tax on all taxable income. Enter the smaller of line 25 or 26. Also include this amount on the entry	
	space on Form 1040 or 1040-SR, line 12a. If you are filing Form 2555, don't enter this amount on the	
	entry space on Form 1040 or 1040-SR, line 12a. Instead, enter it on line 4 of the Foreign Earned	
	Income Tax Worksheet	7,307
* If yo	ou are filing Form 2555, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.	

Form 1040 or 1040-SR

Investment Income for the Earned Income Credit

(Keep for your records)

2019

Tax ID Number

Name(s) as shown on return XXX-XX-XXX Vincent Lyon & Vivianne Holt

THOSHE DAON & ATATOMIS NOTE	
Interest and Dividends	
1. Enter any amount from Form 1040 or 1040-SR, line 2b	. 239
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b · · · · · · · · · · · · · · · · · ·	
3. Enter any amount from Form 1040 or 1040-SR, line 3b	1,667
4. Enter the amount from Schedule 1 (Form 1040 or 1040-SR), line 8, that is from Form 8814 if you are filing that form to	
report your child's interest and dividend income on your return. (If your child received an Alaska Permanent	
Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.)	•
I dila dividend, ase violantest 2, of the next page, to again the amount of	
Capital Gain Net Income	
5. Enter the amount from Form 1040 or 1040-SR, line 6. If the amount on that line	
is a loss, enter -0	
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the	
amount on that line is a loss, enter -0 (But, if you completed lines 8 and	
9 of Form 4797, enter the amount from line 9 instead.)	
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero,	
enter -0)	
•	
Royalties and Rental Income From Personal Property	
8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of	
personal property shown on Form 1040 or 1040-SR, Schedule 1, line 8, minus any	
expenses from Schedule E, line 20, related to royalty income, plus any expenses.	
from the rental of personal property deducted on Form 1040, Schedule 1, line 22	
(If the result is less than zero, enter -0)	
Passive Activities	
9. Enter the total of any net income from passive activities (such as income	
included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40) and the	
total of any losses from passive activities (included on Schedule E, lines	
26, 29b (col. (ft), 34b (col. (ct), or 40), (See instructions below for time 9.)	
(if zero or less, enter -0)	0
10. Adjustment from EIC screen	
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your Investment Income	l. <u>1,906</u>
12. Is the amount on line 14 more than \$3,600?	
Yes. You can't take the credit.	
No. Go to Step 3 of the Form 1040 and 1040-SR instructions for line 18a to find out if you can take the credit	
(unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).	
Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss)	
included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of	
Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on	
Schedule E, line 26, Isn't from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line	26 .
11.	

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FLAGLER COUNTY SUPERVISOR OF ELECTIONS

Form 6251, Line 2m - Passive Activities

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

Vincent Lyon & Vivianne Holt			XX	X-XX-XXXX
	Form/	AMT	Regular	Difference
Description	Sch	Inc/Loss	Inc/Loss	Line 2m
Condominium	SCH E	428	427	1
	TOTALS	428	427	1

7

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FLAGLER COUNTY SUPERVISOR OF ELECT

Mo_.ied Adjusted Gross Income (MAC.) Form 8582, Line 7

(Keep for your records)

2019

Name(s) as shown on return

Vincent Lyon & Vivianne Holt

Tax ID Number

XXXX-XXX-XXXX

Income	Regular tax	Alt Min Tax
Wages	70,000	70,000
Interest income before Series EE bond exclusion	239	239
Dividend income	1,667	1,667
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797		
Taxable IRA distributions		
Taxable pensions and annuities	18,840	18,840
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)	20/014	miss Scratter and Street Market
Nonpassive S corporation income or (loss)		
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity	COLUMN CONTRACTOR OF THE STATE	
Nonpassive farm income or (loss)		
Unemployment compensation	The state of the s	ormo (hidindaki) ista kasa, da
Other income		400 - 100 -
Total income	90,746	90,746
Adjustments		
Educator expenses	MINISTER STATE AND ADDRESS OF THE PARTY OF T	NOTE: The second of the second
Certain business expenses of reservists, performing artists, and		and the second s
fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments	I and the second	
Total adjustments	0	<u> </u>
the state of the s		
Subtract total adjustments from total income/	90,746	90,746
MAGI adjustment from input screen E2		
Modified adjusted gross income	90.,746	90,746



	en a company	_ 7	3,408 %S %S	3,408
		AMT	SNO!) in
2019 PAGE 1		Accumulated	States Dependent Current 3,408 13,408 13,408 13,409 3,408 13,409	13,491 ST ADJ: UBIA:
	Social security number/EIN	Current	SUPERVISOR OF ELECTIONS	3,408
	Social secur	Prior	10,083	10,083
	em-footbilkite/Dausies	Rate	3. 63.6	us 1uding
		Method	SI MM	S 10,083 CX 179 and CX Bonus TOTAL CX Depr including 179/bonus
	THE RESIDENCE AND ASSOCIATION OF THE RESIDENCE ASSOCIATION OF THE RESIDENCE AND ASSOCIATION OF THE RESIDENCE ASSOC	Life	27.	CX 179
Listing	11 y	Depreciable Rasis	743	93,743 D
Depreciation Detail Listing		Bonus	depreciation	
Deprec		Section 179		
	ALL CONTRACTOR OF THE PROPERTY	Business		
		Basis		<u></u>
		Cost	93,743	93,743
	ne Holt	Date	01012016	
* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.	Name(s) as shown on return Vincent Lyon & Vivianne Rolt	No. Description	1 1172 Perkins Terrace 01012016	Totals Land Amount Net Depreciable Cost

		_ ا	3,296	3,296	553
		AMT	JANTY FOLION] g
2019 PAGE 1		Accumulated Depreciation	3,296 13,047 3,296 BECEIVED JUN 1 0 2020 FLAGLER COJNTY SUPERVISOR OF ELECTIONS	13,047	122
	Social security number/EIN XXX-XX-XXXX	Current	3,296 SUPERV	3,296	3,296
AND AND CONTRACTOR OF THE PROPERTY OF THE PROP	Social secu XXX	Prior Depreciation		9,751	179/bonus
		Rate	3.636		nus cluding
		Method	IS IS		CY 179 and CY Bonus TOTAL CY Depr including 179/bonus
	:	Fig.	27.5	9	CY 17 TOTAL
il Listing we		Depreciable Basis	90, 653	90,653	
Depreciation Detail Listing 321 Atlantic Ave For your records only		Bonus	Albert Constitution of the		
Depre		Section 179			
		Business	<u> </u>		
		Basis Adjustment			
	AND TO SECURE THE PROPERTY OF	Cost	90,65	90,653	90,653
	e Holt	Date			
* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.	Name(s) as shown on return Vincent Lyon & Vivianne Holt	Description	321 Atlantic Avenue 01012016	Totals	Land Amount Net Depreciable Cost
* Item is ir for Section See "UBIA	Name(s) as : Vince	Š.	2 321	Tot	Lar

		/T		13,635	375,000										
		AMT	A A A A A A A A A A A A A A A A A A A		37										
2019 PAGE 1		Accumulated Depreciation	AGLER COUNTY AGLER COUNTY AVISOR OF ELECTIONS	40,341	N D										
	Social security number/EIN XXX-XX-XXXX	Current	RECEIVED JUN I 0 2020 FLAGLER COUNTY SUPERVISOR OF ELECTIONS	13,636	13,636										
	Social secur	Prior		26,705	179/bonus										
		Rate	on on on		us luding										
				Method	MAX.		CY 179 and CY Bonus TOTAL CY Depr including 179/bonus								
		Life			T 179										
Listing		Depreciable Basis		375,000											
Depreciation Detail Listing Condominatum For your records only		Bonus													
Depre	1	Section 179													
		Business percentage													
												Basis Adjustment			
			Cosi		375,000	375,000									
	e Bolt	Date													
" Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right comer.	e(s) as shown on return Vincent Lyon & Vivianne Bolt	Description		rotals	Land Amount Net Depreciable Cost										
* Item i for Sec See "U	Name(s)	No.		E	HZ										

g g

Next Year's Depreciation Worksheet

2019

		(Kee	p for your records)			201	9
Name(s) a	s ahown on retu					TaxID	Number
		& Vivianne Holt					-xx-xxxx
	Multi-Form	Description	Date	Basis	Method	Life	Deduction
E	1	1172 Perkins Terrace Mem	01-01-2016		ARR	27.5	3,409
e E	2 3	321 Atlantic Avenue Oak Condominium	01-01-2016 01-01-2017		ARR SL	27.5 27.5	3,296 13,636
Ŀ	3	Condominium	01-01-2017	375,000	2L	21.5	13,030
		TOTAL					20,341
				DEAG	N /mm		
				RECE	IVEL		
				JUN 1	n 2020		
				FLAGLER SUPERVISOR O	COUNTY		
				SUPERVISOR	F ELECTIO	NS	
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Carryover Worksheet List of items that will carryover to the 2020 tax return

(Keep for your records) 2019 Name(s) as shown on return Tax ID Number Vincent Lyon & Vivianne Holt XXX-XX-XXX **Itemized Deductions** Carryover Amount Contributions subject to 100% of AGI limitations Contributions subject to 60% of AGI limitations Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) Contributions subject to 30% of AGI limitations Contributions subject to 20% of AGI limitations (30% capital gains appreciated property) Taxable state and local refunds to Form 1040, line 10 State/local taxes paid in 2020 to flow to the Schedule A 161 State donations and contributions carryover State overpayment applied to next year **Expenses** Office in home operating expenses Office in home excess casualty losses and depreciation Disallowed investment interest expense AMT Section 179 expense Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use Losses Short-term capital loss AMT Reg. Tax Long-term capital loss Reg. Tax Reg. Tax Excess business loss from Form 461 (becomes part of NOL next year) Reg. Tax Qualified REIT and PTP loss carryover QBI loss carryover Nonrecaptured net section 1231 losses from WK_1231C / Credits Mortgage interest credit Credit for prior year minimum tax District of Columbia first time home owner's credit Res. energy efficient property credit Other Overpayment applied to next year's estimates . . 3,800 Estimated Tax Payment 1 Estimated Tax Payment 2 950 **Estimated Tax Payment 3** Estimated Tax Payment 4 950 7,307 State tax liability for state, 2210 calculation IRA basis · · · · · · · · · Taxpayer RECEIVED JUN 1 0 2020 **Passive Activity** FLAGLER COUNTY SUPERVISOR OF ELECTIONS At Risk Limitations

Passive Activity Deduction Worksheet Form 1040 or 1041 (Keep for your records) 2019 Name(s) as shown on return Tax ID Number Vincent Lyon & Vivianne Holt XXXX-XX-XXX Activity 1172 Perkins Terrace Form SCH E 100% Disposed Of NO **Regular Tax Loss Calculations Prior Year Current Year** Utilized in Losses Suspended Suspended Losses Income/Loss **Current Year** To Next Year Operating (6,736)(6,736)Form 4797 - Part I Form 4797 - Part II **TOTALS** (6,736)(6,736) **Alternative Minimum Tax Loss Calculations** Prior Year **Current Year** Utilized in Losses Suspended Suspended Losses Income/Loss To Next Year Operating (6,736) (6,736)Form 4797 - Part I Form 4797 - Part II **TOTALS** (6,736)--(6,736)

RECEIVED

JUN 1 0 2020

FLAGLER COUNTY SUPERVISOR OF ELECTIONS

Employe	e Ref	erenc	e Copy	
	Staten		OMB No. 15	5-0008
Control number 000011 RW/9KG	Dept	Corp.	Employer us A	e only 19

PLLC 145 CITY PLACE STE 301A PALM COAST, FL 32164

Batch #94170

e/f Employee's name, address, and ZIP code VINCENT T LYON 27 EMPRESS LANE PALM COAST, FL 32164

b	Employer's FED ID number 82-4775029	a E)
1	Wages, tips, other comp.	2 Federal income tax withheld
	70000.16	6201.63
3	Social security wages	4 Social security tax withheld
	70000.16	4340.01
5	Medicare wages and tips 70000.16	6 Medicare tax withheld 1015.00
7	Social security tips	8 Allocated tips
		10 Dependent care benefits
11	Nonqualified plans	12a See Instructions for box 12
	011	12b
14	Other	12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
15	State Employer's state ID no	o. 16 State wages, tips, etc.
17	State income tax	18 Local wages, tips, etc.
19	Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed Information on the generation of your W-2 statement and W-4 profile. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Social Security Wages, Tips, other Compensation Box 1 of W-2 Wages Box 3 of W-2 Wages Box 5 of W-2 70,000.16

Gross Pay 70,000,16 70,000,16 70,000.16 70,000.16 Reported W-2 Wages

70,000.16

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JUN 1 0 2020 FLAGLER COUNTY

IPERVISOR OF ELECTIONS

2. Employee Current W-4 Profile. To make changes, file a new W-4 with your payroll department.

VINCENT T LYON 27 EMPRESS LANE PALM COAST, FL 32164 Social Security Numbe: Taxable Marital Status: MARRIED Exemptions/Allowances:

FEDERAL: 0

C 2019 ADP, LLC

2 Federal income tax withheld 6201.63
4 Social security tax withheld 4340.01
6 Medicare tax withheld 1015.00
Corp. Employer use only
A 19

CHIUMENTO & ASSOCIATES PLLC 145 CITY PLACE STE 301A PALM COAST, FL 32164

5	Employer's FED ID number 82-4775029	a Em
7	Social security tips	8 Allocated tipe
		10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/f	Employee's name, address ar	nd ZIP code

VINCENT T LYON 27 EMPRESS LANE PALM COAST, FL 32164

15 State Emple	oyer's state ID	no. 16 State wages, tips, etc.
17 State Incom	e tax	18 Local wages, tips, etc.
19 Local incom	e tax	20 Locality name

Wage and Tax

1 W	iges, tips, other (700	comp. 00.16	2 Feder	income	tax withheld 6201 . 63
3 So	cial security was 700	jes 00.16	4 Social	security (tax withheld 4340.01
5 Me	dicare wages an 700	d tips 00.16	6 Medic	are tax wi	thheld 1015.00
d Co	ntrol number	Dept	Corp.	Emplo	yer use only
0000	11 RW/9KG			Α	19
_ F-	ulauada aana a	44	nd 71D and		

Fold and Detach Here →

CHIUMENTO & ASSOCIATES PLLC 145 CITY PLACE STE 301A PALM COAST, FL 32164

b	Employer's FED ID number 82-4775029	a En
7	Social security tips	8 Allocated tips
g		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	•	12c
		12d
		13 Stat emp. Ret. plan 3rd party elck pay
e/f	Employee's name, address a	nd ZIP code

VINCENT T LYON 27 EMPRESS LANE PALM COAST, FL 32164

15	State	Employer's state ID no.	16	State wages, tips, etc.
17	State	income tax	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name

State Reference Copy Wage and Tax

1	Wages, tips, other c 7000	omp. 00.16	2	Federa	l income	tex withheld 6201 . 63
3	Social security wage	es 00.16	4	Social	security	tax withheld 4340.01
5	Medicare wages and 7000	i tips 00.16	6	Medica	re tax wi	thheld 1015.00
d	Control number	Dept.	Γ	Corp.	Empl	oyer use only
00	0011 RW/9KG	-		-	Α	19
_	Empleyanta nama a	44-0		71D and		

CHIUMENTO & ASSOCIATES PLLC 145 CITY PLACE STE 301A PALM COAST, FL 32164

b	Employer's FED ID number 82-4775029	a Em
7	Social security tips	8 Allocated tips
9		10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
		12c
		12d
		13 Stat emp. Ret. plan 3rd party sick p
e/f	Employee's name, address a	nd ZIP code

VINCENT T LYON 27 EMPRESS LANE PALM COAST, FL 32164

15	State	Employer's state ID no.	16	State wages, tips, etc.
17	State	income tax	18	Local wages, tips, etc.
19	Local	income tax	20	Locality name

City or Local Reference Copy Wage and Tax *

APEX CLEARING
ONE DALLAS CENTER
350 N. ST PAUL, SUITE 1300
DALLAS, TX 75201

Account No:
Account Name:
Recipient's TIN:

VIVIAN

VIVIANNE M HOLT

IN ACCOUNT WITH

FIRSTRADE SECURITIES, INC. (800) 869-8800

Account Executive No:

ORIGINAL:

01/31/2020

o: www

CONSOLIDATED 2019 FORMS 1099 AND DETAILS

VIVIANNE M HOLT 27 EMPRESS LANE PALM COAST, FL 32164 6143

YEAR-END MESSAGES

THIS PACKAGE INCLUDES YOUR CONSOLIDATED FORM 1099 THAT WE ARE REQUIRED TO PROVIDE TO YOU AND THE INTERNAL REVENUE SERVICE. WE SUGGEST THAT YOU SEEK THE ADVICE OF A TAX PROFESSIONAL WHEN PREPARING YOUR RETURN.

IN ADDITION, SUPPLEMENTAL DETAILS ARE PROVIDED TO HELP YOU PREPARE YOUR (ETURN. ONLY INFORMATION REPORTED ON FORM 1099 IS SENT TO THE IRS.

Your Account did not receive the following Forms:

1099-INT 1099-B 1099-OID

1099-MISC

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1099-DIV / INT Summary Information

Details:

1099-DIV Dividend & Distribution Details

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FLAGLER COUNTY SUPERVISOR OF ELECTIONS

Page 5

Page 3

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JUN 1 0 2020

F AGLER COUNTY SUMERVISOR OF ELECTIONS

APEX CLEARING ONE DALLAS CENTER 350 N. ST PAUL, SUITE 1300 DALLAS, TX 75201

Account No:
Account Name:
Recipient's TIN:

VIVIANNE M HOLT

WWW

IN ACCOUNT WITH

FIRSTRADE SECURITIES, INC. (800) 869-8800

Recipient's TIN:
Account Executive No:
ORIGINAL:

RECIPIENTS Name, Street Address, City, State, and Zip Code VIVIANNE M HOLT 27 EMPRESS LANE PALM COAST, FL 32164 6143

01/31/2020

2019 CONSOLIDATED FORMS 1099

FATCA Filing Requirement DALLAS, TX 75201

Telephone Number: 214-765-1009

ONE DALLAS CENTER 350 N. ST PAUL, SUITE 1300

PAYER'S TIN: 13-2967453
PAYER'S Name, Street, City, State, Zip Code:
APEX CLEARING

019 FO RS Box	RM 1099-DIV DIVIDENDS AND DISTRIBUTIONS	OMB NO. 1545-0110
ā	Total ordinary dividends (includes Boxes 1b, 5, 6)	\$161.81
, b	Qualified dividends	\$161.81
2a.	Total capital gain distributions (includes Boxes 2b, 2c, 2d)	\$0.00
2	Unrecaptured section 1250 gain	\$0.00
2c.	Section 1202 gain	\$0.00
2d.	Collectibles (28%) gain	\$0.00
ω	Nondividend distributions	\$0.00
.4	Federal income tax withheld	\$0.00
ĊΊ	Section 199A dividends	\$0.00
ၟၹ	Investment expenses	\$0.00
7.	Foreign tax paid	\$0.00
œ	Foreign country or U.S. possession	•
.0	Cash liquidation distributions	\$0.00
<u>.</u>	Noncash liquidation distributions	\$0.00
Ξ.	Exempt-interest dividends (includes Box 12)	\$0.00
12.	Specified private activity bond interest dividends (AMT)	\$0.00

RECEIVED

JUN 1 0 2020

FLAGLER COUNTY SUPERVISOR OF ELECTIONS

Form 1099-DIV (OMB NO. 1545-0110)

Repipient's staypayer identification number(ITIN), Foryour protection, this formmay show only the last four digits of your TIN (social security number(SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS. FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1090 to satisfy its chapter 4 account treporting requirement. You also may have a lifting requirement. See the Instructions for Form 8938. Account number. May show an account or other unique number the payer assigned to distinguish your account. Box 14a. Shows total cortiancy dividends that are taxable include this amount on the Pool to the second or the Atlant treat and the Coolina treat in the Pool is a set of the Instructions for Form 1040. Its count to the Instruction of the amount inbox 14a that may be eligible for reduced capital gains rates. See the Form 1040 instructions for how to determine this amount and where to report. The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Heport it as a dividend on your Form 1040 but treat it as a plan distribution, not as investment company (RIC) orreal estate investment to round the amount is shown in boxes 2-2c and your only capital gain sand losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your form 1040 that he instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2-2c and not your only explain the Instructions for Schedule D (Form 1040) instructions. Box 2b. Shows the portion of the amount in box 2c. Shows the portion of the amount in box 2c. Shows the portion of the amount shown may be able to reported the property. See the Unrecaptured Section 1250 Gain Worksheet in the Instructions. Box 2c. Shows the portion of the amount sales or exchanges of collectibles. If from a mutual fund or other RIC paid to you during the calendar year. See the Instructions for Form 1040 for where to report. This amount may be subject to backup withholding. See Box 4 above. Box 12. Shows exempt-interest dividends subject to the alternative minimum tax. This amount is included in box 11. See the Instructions for Form 6251. Boxes 13-15. State income tax withheld reporting boxes, Nominees. If this form includes amounts belonging to another person, you are considered a nominee replient. You must fille Form 1099-DIV (with a Form 1099) with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the 2019 General Instructions for Certain Information Returns. Future developments. For the latest information about developments related to Form 1099-DIV and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099DIV.

Form 1099-INT (OMB NO. 1545-0112)

will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount on your income tax return as directed in the Instructions for Form 1040. Market discount on a tax-exempt security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 1.71. If an amount is reported in this box, see the Instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 (Schedule B) to determine the payer in writing in accordance with Regulations section 1.5045-1(n)(5) that you did not want to amortization, the payer has reported a net amount of interest includible in income on Form 1040 (Schedule B) to determine the net amount of interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.71-1(a)(4). Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.71-1(a)(4). Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of interest includible in income on Form 1040. With respect to the U.S. Treasury obligation, the payer has reported a net amount in the payer in writing in accordance with Regulation section 1.71-2(a)(4). Box 13. For a tax-exempt to the U.S. Treasury obligation that is a covered security, shows the amount of interest includible in income on Form 1040. With respect to the U.S. Treasury obligation, and the payer has reported in this box, see the payer has reported in this box for a tax-exempt covered security acquired a premium, the payer has reported in this box, Form 8938. Account number. May show an account or other unique number the payer assigned to distinguish your account. Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in the rest increased in the savings. You may dedurbe the figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction. Box 3. Shows interest or principal forfisted because of early withfrawal of the savings Bonds, Treasury bonds, and Treasury bonds. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium. Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxable right increased in the correct TIN to the payer. See Form W.9. Include this amount on your income tax increases. Abundly, boxes in the long the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the requirent. The requirents. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099/INT. return as tax withheld. **Box 5**. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1, **Box 6**. Shows to reign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions. **Box 7**. Shows the country or U.S. possession to which the foreign tax was paid. **Box 8**. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at premium. **Box 9**. Shows tax-exempt covered to the alternative minimum tax. This amount is included in box 8. See the instructions above for a tax-exempt covered security acquired at a premium. **Box 10**. For a taxable or tax-exempt covered security acquired at premium. **Box 10**. For a taxable or tax-exempt covered security acquired an election is section 1.5045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-0(1). For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount acquired at a premium, your payer is only required to report the gross amount of interest paid to you. **Recipient's taxpayer identification number (TIN)**. For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete TIN to the IRS. **FATCA filing requirement**. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer inwriting in accordance with Regulations section 1.6045-1 (n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you and the premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you. For a noncovered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security LAGLER COUNTY SUPERVISOR OF ELECTIONS

APEX CLEARING
ONE DALLAS CENTER
350 N. ST PAUL, SUITE 1300
DALLAS, TX 75201

Account No: Account Name: Recipient's TIN:

VIVIANNE M HOLT

IN ACCOUNT WITH

FIRSTRADE SECURITIES, INC. (800) 869-8800

Account Executive No: ₩W W

01/31	
/2020	

ORIGINAL:

DETAILS OF 2019 FORM 1099-DIV						
Date Security Description	CUSIP	Transaction Description	Amount	Foreign Tax Paid	Federal Tax Withheld	Additional information
04/26/19 AMERICAN EAGLE OUTFITTERS INC	02553E106	QUALIFIED DIVIDEND	\$2.57	T	-	
07/26/19 AMERICAN EAGLE OUTFITTERS INC	02553E106	QUALIFIED DIVIDEND	\$2.58	i		
10/25/19 AMERICAN EAGLE OUTFITTERS INC	02553E106	QUALIFIED DIVIDEND	\$2.60		1	
03/15/19 FIRST AMERICAN FINANCIAL CORPORATI	31847R102	QUALIFIED DIVIDEND	\$6.24		1	
06/17/19 FIRST AMERICAN FINANCIAL CORPORATI	31847R102	QUALIFIED DIVIDEND	\$6.29	ı		
09/16/19 FIRST AMERICAN FINANCIAL CORPORATI	31847R102	QUALIFIED DIVIDEND	\$6.34	į		
12/16/19 FIRST AMERICAN FINANCIAL CORPORATI	31847R102	QUALIFIED DIVIDEND	\$6.39			
03/14/19 MICROSOFT CORP	594918104	QUALIFIED DIVIDEND	\$31.17			
06/13/19 MICROSOFT CORP	594918104	QUALIFIED DIVIDEND	\$31.30			
09/12/19 MICROSOFT CORP	594918104	QUALIFIED DIVIDEND	\$31.40		•	
12/12/19 MICROSOFT CORP	594918104	QUALIFIED DIVIDEND	\$34.93		ŧ	
Total Qualified Dividends (Box 1b included in Box 1a)	Box 1a)		\$161.81			
Total Ordinary Dividends (Box 1a)			\$161.81			

END OF 2019 DETAILS



APEX CLEARING ONE DALLAS CENTER 350 N. ST PAUL, SUITE 1300 DALLAS, TX 75201

Recipient's TIN: Account Name: Account No:

A STATE OF THE PARTY OF THE PAR

VIVIANNE M HOLT

IN ACCOUNT WITH

FIRSTRADE SECURITIES, INC. (800) 869-8800

Account Executive No:

ORIGINAL:

01/31/2020

WWW

CONSOLIDATED 2019 FORMS 1099 AND DETAILS

27 EMPRESS LANE PALM COAST, FL 32164 6143 VIVIANNE M HOLT

YEAR-END MESSAGES

THIS PACKAGE INCLUDES YOUR CONSOLIDATED FORM 1099 THAT WE ARE REQUIRED TO PROVIDE TO YOU AND THE INTERNAL REVENUE SERVICE. WE SUGGEST THAT YOU SEEK THE ADVICE OF A TAX PROFESSIONAL WHEN PREPARING YOUR RETURN.

IN ADDITION, SUPPLEMENTAL DETAILS ARE PROVIDED TO HELP YOU PREPARE YOUR (ETURN. ONLY INFORMATION REPORTED ON FORM 1099 IS SENT TO THE IRS.

Your Account did not receive the following Forms:

1099-MISC 1099-OID 1099-B 1099-INT

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1099-DIV Dividend & Distribution Details

Page 3

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RECEVE OF ELECTIONS

APEX CLEARING ONE DALLAS CENTER 350 N. ST PAUL, SUITE 1300 DALLAS, TX 75201

Recipient's TIN: Account Name: Account No:

ORIGINAL:

Account Executive No:

₩

01/31/2020

VIVIANNE M HOLT

IN ACCOUNT WITH

FIRSTRADE SECURITIES, INC. (800) 869-8800

RECIPIENT'S Name, Street Address, City, State, and Zip Code VIVIANNE M HOLT

PALM COAST, FL 32164 6143 27 EMPRESS LANE

PAYER'S TIN: 13-2967453
PAYER'S Name, Street, City, State, Zip Code:
APEX CLEARING

350 N. ST PAUL, SUITE 1300 ONE DALLAS CENTER

FATCA Filing Requirement DALLAS, TX 75201
Telephone Number: 214-765-1009

2019 CONSOLIDATED FORMS 1099

2019 FO IRS Box	RM 1099-DIV DIVIDENDS AND DISTRIBUTIONS	OMB NO. 1545-0110
1a.	Total ordinary dividends (includes Boxes 1b, 5, 6)	\$161.81
1 b.	Qualified dividends	\$161.81
2a.	Total capital gain distributions (includes Boxes 2b, 2c, 2d)	\$0.00
2b.	Unrecaptured section 1250 gain	\$0.00
2c.	Section 1202 gain	\$0.00
2d.	Collectibles (28%) gain	\$0.00
ω	Nondividend distributions	\$0.00
4.	Federal income tax withheld	\$0.00
Ċυ	Section 199A dividends	\$0.00
6	Investment expenses	\$0.00
7.	Foreign tax paid	\$0.00
œ	Foreign country or U.S. possession	
9.	Cash liquidation distributions	\$0.00
1 0.	Noncash liquidation distributions	\$0.00
=	Exempt-interest dividends (includes Box 12)	\$0.00
1 2	Specified private activity bond interest dividends (AMT)	\$0.00

SUPERVISOR OF ELECTIONS

RECEIVED

Form 1099-DIV (OMB NO. 1545-0110)

gain distributions from a regulated investment company (RIC) or real estate investment trust (REIT). See *How To Report* in the instructions for Schedule D (Form 1040). But, if no amount is shown in boxes 2c-2d and your only capital gain distributions, you may be able to report the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions to Schedule D (Form 1040) instructions to Schedule D (Form 1040) instructions see the Schedule D (Form 1040) instructions to Form 1040 instructions to Form 1040 instructions to Form 1040 instructions to Form 1040 instructions to Form 1040. See the Instructions to Form 1040 instructions to Form 1040 instructions to Form 1040 instructions to F Recipient's taxpayer identification number (TIN). Foryour protection, this formmay show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (EIN). However, the issuer has reported your complete TIN to the IRS. FATCA filing requirement box is checked, the payer is reporting on this Form 1089 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938. Account number. May show an account or other unique number the payer assigned to distinguish your account. Box 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040. Also, report ton Schedule B (Form 1040), if required. Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Form 1040, instructions for how to determine this amount and where to report. The amount shown may be dividends a corporation paid directly to you as a participant (or to each. A spouse is not required to file a nominee return to show amounts owned by the other spouse. See the 2019 General Instructions for Certain Information Returns. Future developments. For the latest information about developments related to Form 1099-DIV and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099DIV. beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 but treat it as a plan distribution, not as investment income, for any other purpose. Box 2a. Shows total capital

Form 1099-INT (OMB NO. 1545-0112)

adquired at apremium, your payer that you did notify your payer that you did not want to any the many permitted to be payment(s). Hyou did notify your payer that you did not want to any the payment of the payment of the payer is end to your. For a noncovered security number (SSN), individual taxpayer identification number (FIN), tor your payer will only report the gosts amount of interest paid to your. For a noncovered security number (SSN), individual taxpayer identification number (FIN), to your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (FIN), to your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (FIN), to your protection, this payer is proving on this form 1090 is satisfy its chapter 4 account reporting requirement. You also may have a filling requirement. See the instructions for form 9538. Account number. Account number (FIN), to your did not under the payer is reported your complete TIN to the FIRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions to more satisfy a form of the payer is reported your complete. TIN to the payer. This does not include interest of the payer is a filing requirement. See the instructions to your did not furn and became the payer is a filing requirement. You also may have a filing requirement box is checked, the payer is reported your complete. Tins of the acceptance of the payer is a filing requirement and the payer is the payer is a filing requirement. You also may have a filing requirement box is the filing requirement. This payer is the payer is the payer. The filing requirement is payer interests payer is the payer of the extention as box of the payer. The filing requirement is payer interests payer i Report the accrued market discount on your income tax return as directed in the Instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income. Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 17.1. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the security. If an amount is not reported a net amount of interest includible in income on Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040. Box 12. For a U.S. Treasury obligation, the payer has reported a net amount of premium amortization amount is a covered security, shows the amount of premium amortization that is a covered security, shows the amount of premium amortization section 1.171-2(a)(4). Box 12. For a U.S. Treasury obligation that is a covered security. If an amount is reported in this box, see the instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security. 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii). Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s). Boxes 15-17. State tax withheld reporting boxes. Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS, Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1006 with the Internal covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4). **Box 13.** For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 1.71, or for a tax-exempt covered security acquired at a premium, your payer generally must report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization On Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse. Future developments. For the latest information about

APEX CLEARING
ONE DALLAS CENTER
350 N. ST PAUL, SUITE 1300
DALLAS, TX 75201

Account No:
Account Name:
Recipient's TIN:

VIVIANNE M HOLT

IN ACCOUNT WITH

FIRSTRADE SECURITIES, INC. (800) 869-8800

Account Executive No:

ORIGINAL:

01/31/2020

o: WWW

Date Security Description	CUSIP	Transaction Description	Amount	Foreign Tax Paid	Federal Tax Withheld	Additional information
04/26/19 AMERICAN EAGLE OUTFITTERS INC	02553E106	QUALIFIED DIVIDEND	\$2.57			
07/26/19 AMERICAN EAGLE OUTFITTERS INC	02553E106	QUALIFIED DIVIDEND	\$2.58		•	
10/25/19 AMERICAN EAGLE OUTFITTERS INC	02553E106	QUALIFIED DIVIDEND	\$2.60			
03/15/19 FIRST AMERICAN FINANCIAL CORPORATI	31847R102	QUALIFIED DIVIDEND	\$6.24	•	•	
06/17/19 FIRST AMERICAN FINANCIAL CORPORATI	31847R102	QUALIFIED DIVIDEND	\$6.29	ı	ı	
09/16/19 FIRST AMERICAN FINANCIAL CORPORATI	31847R102	QUALIFIED DIVIDEND	\$6.34	,		
12/16/19 FIRST AMERICAN FINANCIAL CORPORATI	31847R102	QUALIFIED DIVIDEND	\$6.39		•	
03/14/19MICROSOFT CORP	594918104	QUALIFIED DIVIDEND	\$31.17		•	
06/13/19MICROSOFT CORP	594918104	QUALIFIED DIVIDEND	\$31.30			
09/12/19 MICROSOFT CORP	594918104	QUALIFIED DIVIDEND	\$31.40		•	
12/12/19 MICROSOFT CORP	594918104	QUALIFIED DIVIDEND	\$34.93			
Total Qualified Dividends (Box 1b included in Box 1a)	3ox 1a)		\$161.81			
Total Ordinary Dividends (Box 1a)			\$161.81			

END OF 2019 DETAILS

RECEIVED
JUN 1 0 2020
FLAGLER COUNTY

E*TRADE SECURITIES LLC PO BOX 484 JERSEY CITY, NJ 07303-0484

Account Name: Account No:

Recipient's TIN:

VINCENT T LYON

Account Executive No:

ORIGINAL:

12/31/2019

Ξ

CONSOLIDATED 2019 FORMS 1099 AND DETAILS

27 EMPRESS LANE PALM COAST, FL 32164-6143 VINCENT T LYON

YEAR-END MESSAGES

CUSTOMER SERVICE LINK AT THE TOP OF THE PAGE LOG ON TO YOUR ACCOUNT AND SEND US A SECURE MESSAGE BY CLICKING ON THE UPDATES. IF YOU HAVE QUESTIONS PLEASE CALL 800-ETRADE-1 (800-387-2331) OR PLEASE SEE INSERT FOR DETAILS OR VISIT WWW.ETRADE.COM/TAXCENTER FOR ANY RECLASSIFICATIONS OF AN INCOME PAYMENT RECEIVED FROM A MUTUAL FUND, ETF, REIT, OR RIC MAY RESULT IN AN AMENDED 1099 FOR PRIOR OR CURRENT TAX YEARS. CERTAIN EVENTS SUCH AS COST BASIS, ORIGINAL ISSUE DISCOUNT ADJUSTMENTS OF

TABLE OF CONTENTS

Consolidated 1099 Sections:

1099-DIV / INT Summary Information

Your Account did not receive the following Forms:

1099-OID 1099-MISC 1099-B 1099-INT

1099-DIV Dividend & Distribution Details

Page

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Page

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FLAGLER COUNTY FLAGLER COUNTY SUPERVISOR OF ELECTIONS RECEIVED JUN 1 0 2020

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RECEIVED
JUN 10 2020
SUPERVISOR OF ELECTIONS

E*TRADE SECURITIES LLC PO BOX 484 JERSEY CITY, NJ 07303-0484

Account Name: Recipient's TIN: Account No:

VINCENT T LYON

Account Executive No: Ξ

12/31/2019

ORIGINAL:

27 EMPRESS LANE PALM COAST, FL 32164-6143 RECIPIENT'S Name, Street Address, City, State, and Zip Code VINCENT T LYON

PAYER'S TIN: 35-2167612
PAYER'S Name, Street, City, State, Zip Code:
E*TRADE SECURITIES LLC

PO BOX 484

FATCA Filing Requirement Telephone Number: 800 387 2331 JERSEY CITY, NJ 07303-0484

2019 CONSOLIDATED FORMS 1099

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Specified private activity bond interest dividends (AMT)	Exempt-interest dividends (includes Box 12)	Noncash liquidation distributions	Cash liquidation distributions	Foreign country or U.S. possession	Foreign tax paid	Investment expenses	Section 199A dividends	Federal income tax withheld	Nondividend distributions	Collectibles (28%) gain	Section 1202 gain	Unrecaptured section 1250 gain	Total capital gain distributions (includes Boxes 2b, 2c, 2d)	Qualified dividends	Total ordinary dividends (includes Boxes 1b, 5, 6)	IRS Box DIVIDENDS AND DISTRIBUTIONS
Ū		_	\$0.00	I	_			\$0.00			\$0.00		\$0.00	\$35.25	\$35.25	OMB NO. 1545-0110
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Form 1099-DIV (OMB NO. 1545-0110)

beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040 but treat it as a plan distribution not as investment income, for any other purpose. **Box 22**. Shows sted capital gain distributions you may be able to report the amounts shown in box 2 and your form 1040. But, if no amount is shown in box 2 and 2 at that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1260 gain from certain depreciable real property. See the Unrecaptured Section 1260 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions. **Box 2b**. Shows the portion of the amount in box and in ot give your TIN to the payer. See Form W-9, Request for Taxpayer Identification, Number and Certification, for information on backup withholding. A payer must backup withhold on certain small business stock that may be eligible for the 20% qualified business income deduction under section 1260, Box 2b. Shows the portion of the amount in box as the portion of the amount in box as the participant of the payer. See Form W-9, Request for Taxpayer Identification, Number and Certification, for information on backup withholding. A payer must backup withhold on certain payments are form 1040 instructions. **Box 4**. Shows beckup withholding, A payer must backup withhold or a manufacture of the amount in box 1 a that may be eligible for the 20% qualified business income deduction under section 1934. See the Instructions box 1040 for manufacture of the amount on your income tax enturn as a constitution of a mutual fund or other PIC paid to you during the calendar year. See the Instructions for Form 1040 for where to report. This amount may be able to claim as a deduction of a credit on Form 1040 for where to report. This amount may be able to claim as a deduction of the instructions. Box 11. Shows exempt-interestitividends to another person, you are considered a nominee return to show amounts owned b Recipient's taxpayer identification number (TIN). Foryour protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (TINN), adoption taxpayer identification number (TINN). However, the issuer has reported your complete TIN to the IRS. FATCA filling requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filling requirement. See the Instructions for Form 8938. Account number. May show an account or other unique number the payer assigned to distinguish your account. Box 1a. Shows total ordinary dividends that are taxable. Include this amount on the "Ordinary dividends" line of Form 1040, Also, report ton Schedule B (Form 1040), if required. Box 1b. Shows the portion of the amount in box 1a that may be eligible for reduced capital gains rates. See the Form 1040 instructions for how to determine this amount and where to report. The amount shown may be dividends a corporation paid directly to you as a participant (or developments related to Form 1099-DIV and its instructions, such as legislation enacted after they were published, go towww.irs.gov/Form1099DIV.

Form 1099-INT (OMB NO. 1545-0112)

bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2019 on the credit allowance dates (March 15, June 15, September 15). From more figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 to see where to take the deduction. Box 3. Shows interest on U.S. Savings Bonds, Treasury bonds, and Treasury notes. This backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your Form 1040. This amount may be subject to backup withholding. See Box 4. Shows tax—exemptinerest paid to you during the calendar year by the payer. See how to portfits amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax exemptinerest paid to you during the calendar year by the payer. See how to portfits amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax—exemptinerest paid to you during the calendar year by the payer. See how to which the foreign tax was paid. Box 8. Shows tax—exemptinerest paid to you during the calendar year by the payer. See how to which the foreign tax was paid. Box 8. Shows tax—exemptinerest paid to you during the calendar year by the payer. See how to which the foreign tax was paid. Shows tax—exemptinerest paid to you during the calendar year by the payer. See how to which the foreign tax was paid. Shows tax—exemptinerest paid to you during the calendar year by the payer. See how to which the foreign tax was paid. Shows tax—exemptions above for a tax—exemptions covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171–2(a)(4). Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine ecurity, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045–1(n)(5), shows the market viscount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099–OID For a taxable or tax-exemptcovered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045–1(n)(5)that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the Instructions for Form 1040. Market discount on a tax-exemptsecurity is includible in taxable income as interest income. **Box 11.** For a taxable covered not want to amortize bond premium under section 1.71. If an amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045–1(n)(5)that you did not want to amortize bond premium under section 1.71. If an amount is reported in this box, see the Instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go towww.irs.gov/Form1099INT Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse. Future developments. For the latest information about bond(s). Boxes 15-17. State tax withheld reporting boxes. Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT or each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal number(s) for tax—exempthond(s) on which tax—exemptinterest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exemptcovered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).Box 14. Shows CUSIP the net amount of tax-exemptinterest reportable on Form 1040. If an amount is not reported in this box for a tax-exemptcovered security acquired at a premium, the payer has reported a net amount of interest in box 8 or Instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 1. If the amount in box 1. If the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045–1(n)(5)that you did not want to amortize bond premium under section 1.71. If an amount is reported in this box, see the subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium. Box 10. For a taxable or tax-exempt overed security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer inwriting in accordance with Regulations section 1.6045–1(n)(5)hat you did not twant to amortize the premium under section 171, or for a tax-exemptovered security acquired at a premium, your payer generally must report either (1) a ret amount of interest that reflects the offset of the amount of you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount of interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not man to a mortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you. Recipient's tax payer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction Form 8938. Account number. May show an account or other unique number the payer assigned to distinguish your account. Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest

E*TRADE SECURITIES LLC PO BOX 484 JERSEY CITY, NJ 07303-0484

Account No:
Account Name:
Recipient's TIN:

VINCENT T LYON

C Recipient's TIN:

484 Account Executive No:

ORIGINAL:

02/06/19LOWES COMPANIES INC
02/06/19LOWES COMPANIES INC
05/08/19LOWES COMPANIES INC
05/08/19LOWES COMPANIES INC
08/07/19LOWES COMPANIES INC
11/06/19LOWES COMPANIES INC

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QUALIFIED DIVIDEND
QUALIFIED DIVIDEND
QUALIFIED DIVIDEND
QUALIFIED DIVIDEND

\$0.47 \$7.68 \$0.51 \$7.68 \$0.63 \$8.80 \$0.68 \$8.80

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QUALIFIED DIVIDEND

548661107 548661107

QUALIFIED DIVIDEND

Transaction Description

Amount

Foreign Tax Paid

Federal Tax Withheld

Additional information

CUSIP

DETAILS OF 2019 FORM 1099-DIV

Security Description

Date

11/06/19 LOWES COMPANIES INC

Total Ordinary Dividends (Box 1a)

Total Qualified Dividends (Box 1b included in Box 1a)

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12/31/2019

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\$35.25 \$35.25

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JUNI 2020
SUPERVISOR OF ELECTIONS

Form 1099-MISC 15a Section 409A deferrals RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code 7 Nonemployee compensation Account number (see instructions) PAYER'S TIN PAYER'S name, street address, city or town, state or province, country, ZIP 1 Rents or foreign postal code, and telephone no. 27 Empress Lane Pal m Coast FL 32164 81-0856597 P O Box 20010 Clarksville TN 37042 Arringt on LLC Arrington Associates Reality LMB (keep for your records) 15b Section 409A income RECIPIENT'S TIN FATCA filing requirement 5111 www.irs.gov/Form1099MISC CORRECTED (if checked) () () 16 State tax withheld 13 Excess golden parachute payments € 9 Payer made direct sales of \$5,000 or more of consumer 3 Other income 5 Fishing boat proceeds 2 Royalties (recipient) for resale ▶ products to a buyer 10500.00 4 17 State/Payer's state no. 14 Gross proceeds paid to an 12 10 Crop insurance proceeds 8 Substitute payments in lieu of dividends or interest 6 Medical and health care payments 4 Federal income tax withheld Form 1099-MISC OMB No. 1545-0115 Department of the Treasury - Internal Revenue Service attorney 2019 SS Miscellaneous 18 State income return, a negligence This is important tax taxable and the IRS imposed on you if this income is being furnished to the IRS. If you are determines that it information and is sanction may be required to file a For Recipient penalty or other has not beer Income reported Copy B

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JUN 1 2020
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FLAGLER COUNTY
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TAX WITHHELD

LED INCOME

U.S. BONDS

INTEREST ON

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JAWARG\W YJRA3

SAVINGS

РВОDИСТ

DESCRIPTION

2014 100 00110 4		(_			See Details
epivae2. eurave	Internal Be	artment of the Treasury -		TNI999IMT	 Mww.irs.gov/Fo	kds)	(keep for your reco	Form 1099-INT
pleddiw xe	st etate te	16 State identification no.	15 State	bnod fibers x	14 Tax-exempt and ta		FATCA filling	Account number (see instructions) See Detail Below
'novedo Lucea seu emus		ond premium on tax-exempt bond	13 B	Treasury obligations	no muimend bnog St			
income is taxable and the IRS determines that it has not been reported.		ond premium	118		10 Market discount			
a negligence penalty or other sanction may be imposed on you if this	ta	ecilied private activity bond intere	dS 6	1	8 Tax-exempt interes			
being furnished to the IRS. If you are required to file a return,		reign country or U.S. possession	N F0		6 Foreign tax paid			PALM COAST, FL 32164
For Recipient This is important tax information and is		sesneqxe fnemteev	ul 3	bləddiw	4 Federal income tax		r town, state or province,	VINCENT T LYON country, and ZIP or foreign postal code perciple and ZIP or foreign postal code
сору В		St	s. obligatior	vings Bonds and Treas	3 Interest on U.S. Sa	•	RECIPIENT'S TIN	PAYER'S TIN 72-0210640
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et Income	ntere	5016		\$123.60	1 Interest income 2 Early withdrawal pe			1680 CAPITAL ONE DR MCLEAN, VA 22102
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ø _g	T.	esse csili: 1-888-464-072	lq anoil:	For dues				27 EMPRESS LN PALM COAST, FL 32164
SUPERVISOR OF ELECTION	JUN TO 2020						548	CAPITAL ONE N.A. PO BOX 30249 SALT LAKE CITY, UT 84130-0

\$123.60 4153.60

INCOME

TREREST

0896***

NUMBER

ACCOUNT

the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii). in box 13 is greater than the amount of interest paid on the tax-exempt covered security, has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount not reported in this box for a tax-exempt covered security acquired at a premium, the payer determine the net amount of tax-exempt interest reportable on Form 1040. If an amount is allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to Box 13. For a tax-exempt covered security, shows the amount of premium amortization paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4). amount of interest in box 3. If the amount in box 12 is greater than the amount of interest premium and the payer is reporting premium amortization, the payer has reported a net reported in this box for a U.S. Treasury obligation that is a covered security acquired at a in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not Instructions for Form 1040 (Schedule B) to determine the net amount of interest includible amortize bond premium under section 171. If an amount is reported in this box, see the writing in accordance with Hegulations section 1.6045-1(n)(5) that you did not want to premium amortization allocable to the interest payment(s), unless you notified the payer in Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of see Regulations section 1.171-2(a)(4). the amount in box 11 is greater than the amount of interest paid on the covered security, reporting premium amortization, the payer has reported a net amount of interest in box 1. If reported in this box for a taxable covered security acquired at a premium and the payer is includible in income on Form 1040 with respect to the security. If an amount is not see the Instructions for Form 1040 (Schedule B) to determine the net amount of interest want to amortize bond premium under section 171. If an amount is reported in this box, the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not amount of premium amortization allocable to the interest payment(s), unless you notified Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the tax-exempt security is includible in taxable income as interest income. income tax return as directed in the Instructions for Form 1040. Market discount on a for market discount under section 1276(b). Report the accrued market discount on your Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election on a constant yield basis unless you notified your payer in writing in accordance with security acquired on or after January 1, 2015, accrued market discount will be calculated by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered shows the market discount that accrued on the debt instrument during the year while held payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), section 1278(b) to include market discount in income as it accrues and you notified your Box 10. For a taxable or tax-exempt covered security, if you made an election under

Boxes 16-17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the a nominee recipient. Complete a Form 1099-INT for each of the torm with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) owner. List yourself as the "payer" and the other source Center for your area. On Form 1096 list yourself as the "iller." A spouse is not required to file a nominee return to show the control owner of the other spouse.

you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was

show amounts owned by the orner spouse.

Future developments. For the latest information about developments related to Form 1999-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099INT.

1099-INT Instructions for Peciplent or covered and noncovered secu

identification number (EIN)). However, the issuer has reported your complete TIN to the dentification number (ITIN), adoption taxpayer identification number (ATIN), or employer only the last four digits of your TIM (social security number (SSM), individual taxpayer Recipient's taxpayer identification number (TIN). For your protection, this form may show your payer is only required to report the gross amount of interest paid to you. gross amount of interest paid to you. For a noncovered security acquired at a premium, to amortize the premium on a taxable covered security, then your payer will only report the smortization allocable to the payment(s). If you did notify your payer that you did not want payment(s), or (2) a gross amount for both the interest paid to you and the premium amount of interest paid to you by the amount of premium amortization allocable to the generally must report either (1) a net amount of interest that reflects the offset of the section 171, or for a fax-exempt covered security acquired at a premium, your payer Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under security acquired at a premium, unless you notified the payer in writing in accordance with description of covered securities, see the Instructions for Form 8949. For a taxable covered The information provided may be different for covered and noncovered securities. For a

FATCA filling requirement. If the FATCA filling requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. See the Instructions for Form 8938. Account number. May show an account or other unique number the payer assigned to

distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer.

Box 1. Shows taxable interest paid to you during the calendar year by the payer.

This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified school construction bonds, and build America bonds from the credit allowance dates (March 15, bonds, and build America bonds from that he included in your interest income. These amounts were treated as paid to you during 2019 on the credit allowance dates (March 15, June 15, September 15, For more information, see Form 8912. See Box 2. Shows interest or principal forfeited because of early withdrawal of time savings.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax feitum. See the Instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest or principal forfeited because of early withdrawal of time savings. Wou may deduct this amount to figure your adjusted gross income on your income tax nearly and the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest or principal so the published gross income and the instructions for Form 1040 to see where to take the deduction.

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Box 3. Shows interest or principal so the published gross income on your income tax.

Box 3. Shows interest or principal so the published gross income on your gross to the same taxable.

Box 3. Shows interest or principal so the published gross i

a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a singlectass HEMIC.

This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt hiterest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

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CAPITAL ONE N.A. PO BOX 30249 SALT LAKE CITY, UT 84130-0249

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FLAGLER COUNTY SUPERVISOR OF ELECTIONS

For questions please call: 1-888-464-0727

TAX WITHHELD

LED INCOME

U.S. BONDS

INTEREST ON

VINCENT T LYON 27 EMPRESS LN PALM COAST, FL 32164

SAVINGS

PRODUCT

DESCRIPTION

						See Details
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'noundou ucog you enu y		bnod fremium on tax-exempt bond	13 🖹	12 Bond premium on Treasury obligations		
income is taxable and the IRS determines that it has not been reported.		тиітем риод	11 8	10 Market discount		
a negligence penalty or other sanction may be imposed on you if this		pecified private activity bond interest	ds 6	8 Tax-exempt interest		
being furnished to the IRS. If you are required to file a return,		oreign country or U.S. possession) T F	6 Foreign tax paid		VINCENT T LYON ST EMPRESS LN PALM COAST, FL 32164
For Recipient This is important tax information and is		sesuedxe juewises	ul G	4 Federal income tax withheld	town, state or province,	RECIPIENT'S name, street address, city or country, and ZIP or foreign postal code
Copy B		su	s. obligation	S Interest on U.S. Savings Bonds and Treas	RECIPIENT'S TIN	РАУЕР:9 ТІИ 72-0210640
		TNI-6601 mio-	4			
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		2110-3431 .on amo)	Payer's HTM (optional)	n, state or province, country, o.	PAYER'S name, street address, city or town ZIP or foreign postal code, and telephone n CAPITAL ONE N.A.
				CORRECTED (if checked)]	

\$153.60

INCOME

TREREST

PENALTY

EARLY WIDRAWAL

0896****

NUMBER

ACCOUNT

1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the $\begin{tabular}{ll} \end{tabular} \begin{tabular}{ll} \end{tabular} \beg$ Boxes 15-17. State tax withheld reporting boxes. you during the calendar year. It blank, no CUSIP number was issued for the bond(s). paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii). in box 13 is greater than the amount of interest paid on the tax-exempt covered security, ass reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount not reported in this box for a tax-exempt covered security acquired at a premium, the payer determine the net amount of tax-exempt interest reportable on Form 1040. If an amount is allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to Box 13. For a tax-exempt covered security, shows the amount of premium amortization paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4). amount of interest in box 3. If the amount in box 12 is greater than the amount of interest premium and the payer is reporting premium amortization, the payer has reported a net reported in this box for a U.S. Treasury obligation that is a covered security acquired at a in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not Instructions for Form 1040 (Schedule B) to determine the net amount of interest includible amortize bond premium under section 171. If an amount is reported in this box, see the writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to premium amortization allocable to the interest payment(s), unless you notified the payer in Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of see Regulations section 1.171-2(a)(4). the amount in box 11 is greater than the amount of interest paid on the covered security, reporting premium amortization, the payer has reported a net amount of interest in box 1. If reported in this box for a taxable covered security acquired at a premium and the payer is includible in income on Form 1040 with respect to the security. If an amount is not see the Instructions for Form 1040 (Schedule B) to determine the net amount of interest want to amortize bond premium under section 171. If an amount is reported in this box, the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not amount of premium amortization allocable to the interest payment(s), unless you notified Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the tax-exempt security is includible in taxable income as interest income. income tax return as directed in the Instructions for Form 1040. Market discount on a for market discount under section 1276(b). Report the accrued market discount on your Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election on a constant yield basis unless you notified your payer in writing in accordance with security acquired on or after January 1, 2015, accrued market discount will be calculated by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered shows the market discount that accrued on the debt instrument during the year while held payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), section 1278(b) to include market discount in income as it accrues and you notified your Box 10. For a taxable or tax-exempt covered security, if you made an election under

reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You FATCA filling requirement. If the FATCA filling requirement box is checked, the payer is identification number (EIN)). However, the issuer has reported your complete TIN to the identification number (ITIN), adoption taxpayer identification number (ATIN), or employer only the last four digits of your TIN (social security number (SSN), individual taxpayer Recipient's taxpayer identification number (TIN). For your protection, this form may show your payer is only required to report the gross amount of interest paid to you. gross amount of interest paid to you. For a noncovered security acquired at a premium, to smortize the premium on a taxable covered security, then your payer will only report the amortization allocable to the payment(s). If you did notify your payer that you did not want payment(s), or (2) a gross amount for both the interest paid to you and the premium amount of interest paid to you by the amount of premium amortization allocable to the generally must report either (1) a net amount of interest that reflects the offset of the section 171, or for a tax-exempt covered security acquired at a premium, your payer Regulations section 1.6045-1(n)(5)(n) that you did not want to amortize the premium under security acquired at a premium, unless you notified the payer in writing in accordance with description of covered securities, see the Instructions for Form 8949. For a taxable covered The information provided may be different for covered and noncovered securities. For a 1099-INT Instructions for Recipient

also may have a filling requirement. See the Instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from dean renewable energy bonds, new clean renewable energy bonds, new clean renewable energy bonds, qualified construction energy conservation bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These energy conservation bonds, qualified achool construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2019 on the credit allowance dates (March 15, June 15, See Polember 15, and December 15). For more information, see Form 8912. See

the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows Interest or principal forheited because of early withdrawal of time savings.

You may deduct this amount to figure your adjusted gross income on your income tax

You may deduct this amount to from 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and treasury

motes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state

and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not munish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld. Box 5. Any amount shown is your share of investment expenses of a singlectass REMIC.

This amount is included in box 1.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit

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Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the Instructions for Form 1040. This amount may be subject to backup withholding. See Box 4 above. See the instructions above for a tax-exempt to backup withholding.

covered security acquired at a premium. **Box 9.** Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a fax-exempt covered security acquired at a premium.

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1099-IVT and its instructions, such as legislation enacted after they were published, go to

Future developments. For the latest information about developments related to Form

Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to

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show amounts owned by the other spouse.

FLAGLER COUNTY SUPERVISOR OF ELECTIONS

iternal Revenue Service	Department of the Treasury - Internal Revenue Sarvice	SC 5112	www.irs.gov/Form1099MiSC	LMC/LM2
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or State Copy	6 Medical and health care payments	5 Fishing boat proceeds	RECIPIENT'S TIN	TATER O IN
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Copy C	4 Federal income tax withheld	3 Other income		
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Tax Statement for Forms 1098, 1099, 5498 for Year 2019

75 N. FAİR OAKS AVENUE WAL 04-02 PASADENA CA 91103 CIT BANK, N.A.

Payer's TIN 26-4569089 Questions? (877) 741-9378

(1985, Copy B, For Payer, Otte 8f 545-5128)
1982, Copy B, For Payer, Otte 8f 545-5128
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FORM 1 OF 1

2019 FORM 1000-INT-INTEDECT

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4 -	Interest income Federal income tax w/h		Savings
4-	Interest income Federal income tax w/h		
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IRS Bo	Deposit ID IRS Description	Account Number	Account Type

TAXAPYER TIN

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