

**FORM 6****FULL AND PUBLIC DISCLOSURE****2019**

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

**OF FINANCIAL INTERESTS****FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

Lyon Vincent T

MAILING ADDRESS:

27 Empress Lane

CITY:

Palm Coast

ZIP:

32164

COUNTY:

Flagler

NAME OF AGENCY:

Flagler County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

School Board Member, District 1

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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JUN 10 2020

FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS**PART A -- NET WORTH**

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

My net worth as of June 2, 20 20 was \$ 791656.90.

**PART B -- ASSETS****HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

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

The aggregate value of my household goods and personal effects (described above) is \$ 27,150

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

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

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

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
| PNC Mortgage                 | 122119.64           |
| Nelnet Student Loan          | 32176.17            |
|                              |                     |
|                              |                     |

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

| NAME AND ADDRESS OF CREDITOR | AMOUNT OF LIABILITY |
|------------------------------|---------------------|
|                              |                     |
|                              |                     |
|                              |                     |

**PART D -- INCOME**

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

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

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

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

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

| NAME OF BUSINESS ENTITY | NAME OF MAJOR SOURCES OF BUSINESS' INCOME | ADDRESS OF SOURCE | PRINCIPAL BUSINESS ACTIVITY OF SOURCE |
|-------------------------|---|-------------------|---------------------------------------|
|                         |   |                   |                                       |
|                         |   |                   |                                       |

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

|   | BUSINESS ENTITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 |
|---|---------------------|---------------------|---------------------|
| NAME OF BUSINESS ENTITY                       | none                |                     |                     |
| ADDRESS OF BUSINESS ENTITY                    |                     |                     |                     |
| PRINCIPAL BUSINESS ACTIVITY                   |                     |                     |                     |
| POSITION HELD WITH ENTITY                     |                     |                     |                     |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS |                     |                     |                     |
| NATURE OF MY OWNERSHIP INTEREST               |                     |                     |                     |

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

W. T. Z...  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA

COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me by means of

☒ physical presence or ☐ online notarization, this 10 day ofJune, 2020 by Karolyn N. Sheekey

(Signature of Notary Public, State of Florida)

KAROLYN N. SHEEKEY  
MY COMMISSION # FF 982104  
(Print, Type, or Stamp Commission Name of Notary Public)  
EXPIRES: June 21, 2020

Personally known OR Produced Identification

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

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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

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

**Filing Status**

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

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

|  |                               |  |
|--|-------------------------------|--|
| Your first name and middle initial<br><b>Vincent</b>   | Last name<br><b>Lyon</b>      | Your social security number<br><b>XXX-XX-XXXX</b>  |
| If joint return, spouse's first name and middle initial<br><b>Vivianne</b>   | Last name<br><b>Holt</b>      | Spouse's social security number<br><b>XXX-XX-XXXX</b>  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>27 Empress Lane</b>  |                               | Apt. no.   |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br><b>Palm Coast, FL 32164</b> |                               | Presidential Election Campaign<br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.<br>Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name   | Foreign province/state/county | Foreign postal code  |
|  |                               | If more than four dependents, see inst. & check here <input type="checkbox"/>  |

**Standard Deduction** Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

**You:** ☐ Were born before January 2, 1955 ☐ Are blind

**Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

| Dependents (see instructions): |           | (2) Social security number | (3) Relationship to you | (4) check if qualifies for (see inst.): |                             |
|--------------------------------|-----------|----------------------------|-------------------------|---|-----------------------------|
| (1) First name                 | Last name |                            |                         | Child tax credit                        | Credit for other dependents |
|                                |           |                            |                         | <input type="checkbox"/>                | <input type="checkbox"/>    |
|                                |           |                            |                         | <input type="checkbox"/>                | <input type="checkbox"/>    |
|                                |           |                            |                         | <input type="checkbox"/>                | <input type="checkbox"/>    |
|                                |           |                            |                         | <input type="checkbox"/>                | <input type="checkbox"/>    |

|  |            |               |
|--|------------|---------------|
| <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  | <b>1</b>   | <b>70,000</b> |
| <b>2a</b> Tax-exempt interest . . . . .  | <b>2a</b>  |               |
| <b>3a</b> Qualified dividends . . . . .  | <b>3a</b>  | <b>1,032</b>  |
| <b>4a</b> IRA distributions . . . . .  | <b>4a</b>  |               |
| <b>c</b> Pensions and annuities . . . . .  | <b>4c</b>  |               |
| <b>5a</b> Social security benefits . . . . .   | <b>5a</b>  |               |
| <b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/> | <b>6</b>   |               |
| <b>7a</b> Other income from Schedule 1, line 9 . . . . .   | <b>7a</b>  | <b>(619)</b>  |
| <b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶                          | <b>7b</b>  | <b>90,127</b> |
| <b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .   | <b>8a</b>  | <b>552</b>    |
| <b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶                              | <b>8b</b>  | <b>89,575</b> |
| <b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .                                      | <b>9</b>   | <b>24,400</b> |
| <b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .                                   | <b>10</b>  |               |
| <b>11a</b> Add lines 9 and 10 . . . . .  | <b>11a</b> | <b>24,400</b> |
| <b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .                       | <b>11b</b> | <b>65,175</b> |

**Standard Deduction**

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.  
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Form 1040 (2019)

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS



FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

JUN 10 2020

**SCHEDULE 1**

(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **01**

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

Your social security number

**Vincent Lyon & Vivianne Holt**

XXX-XX-XXXX

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . . ☐ Yes ☒ No

**Part I Additional Income**

|    |   |    |       |
|----|---|----|-------|
| 1  | Taxable refunds, credits, or offsets of state and local income taxes                        | 1  |       |
| 2a | Alimony received  | 2a |       |
| b  | Date of original divorce or separation agreement (see instructions) ▶                       |    |       |
| 3  | Business income or (loss). Attach Schedule C  | 3  |       |
| 4  | Other gains or (losses). Attach Form 4797   | 4  |       |
| 5  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5  | (619) |
| 6  | Farm income or (loss). Attach Schedule F  | 6  |       |
| 7  | Unemployment compensation   | 7  |       |
| 8  | Other income. List type and amount ▶  | 8  |       |
| 9  | Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a                  | 9  | (619) |

**Part II Adjustments to Income**

|     |   |     |     |
|-----|---|-----|-----|
| 10  | Educator expenses   | 10  |     |
| 11  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11  |     |
| 12  | Health savings account deduction. Attach Form 8889  | 12  |     |
| 13  | Moving expenses for members of the Armed Forces. Attach Form 3903   | 13  |     |
| 14  | Deductible part of self-employment tax. Attach Schedule SE  | 14  |     |
| 15  | Self-employed SEP, SIMPLE, and qualified plans  | 15  |     |
| 16  | Self-employed health insurance deduction  | 16  |     |
| 17  | Penalty on early withdrawal of savings  | 17  |     |
| 18a | Alimony paid  | 18a |     |
| b   | Recipient's SSN   |     |     |
| c   | Date of original divorce or separation agreement (see instructions) ▶   |     |     |
| 19  | IRA deduction   | 19  |     |
| 20  | Student loan interest deduction   | 20  | 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 |

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

Schedule 1 (Form 1040 or 1040-SR) 2019

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

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

Department of the Treasury  
Internal Revenue Service

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

**Additional Credits and Payments**

► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **03**

Your social security number

XXX-XX-XXXX

Vincent Lyon & Vivianne Holt

**Part I Nonrefundable Credits**

|   |   |   |   |
|---|---|---|---|
| 1 | Foreign tax credit. Attach Form 1116 if required  | 1 |   |
| 2 | Credit for child and dependent care expenses. Attach Form 2441  | 2 |   |
| 3 | Education credits from Form 8863, line 19   | 3 |   |
| 4 | Retirement savings contributions credit. Attach Form 8880   | 4 |   |
| 5 | Residential energy credits. Attach Form 5695  | 5 |   |
| 6 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 6 |   |
| 7 | Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b                                     | 7 | 0 |

**Part II Other Payments and Refundable Credits**

|    |   |    |       |
|----|---|----|-------|
| 8  | 2019 estimated tax payments and amount applied from 2018 return   | 8  | 8,760 |
| 9  | Net premium tax credit. Attach Form 8962  | 9  |       |
| 10 | Amount paid with request for extension to file (see instructions)   | 10 |       |
| 11 | Excess social security and tier 1 RRTA tax withheld   | 11 |       |
| 12 | Credit for federal tax on fuels. Attach Form 4136   | 12 |       |
| 13 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 13 |       |
| 14 | Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d  | 14 | 8,760 |

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

Schedule 3 (Form 1040 or 1040-SR) 2019

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

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

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Interest and Ordinary Dividends**

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

► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **08**

**Vincent Lyon & Vivianne Holt**

Your social security number

XXX-XX-XXXX

**Part I**

**Interest**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

American Bank

Capital One National Association

Cit Bank NA

**INTEREST SUBTOTAL**

**239**

**Amount**

46

154

39

**1**

- 2** Add the amounts on line 1 . . . . .
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . . . .

**2**

239

**3**

**4**

239

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II**

**Ordinary Dividends**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ►

E-Trade

Firsttrade Securities Inc

Vanguard

**DIVIDEND SUBTOTAL**

**1,667**

**5**

35

162

1,470

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . . . .

**6**

1,667

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign Accounts and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 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 country? See instructions . . . . .

**Yes**

**No**

**X**

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

**X**

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

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

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **13**

**Vincent Lyon & Vivianne Holt**

Your social security number

XXX-XX-XXXX

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use  
**Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No  
**B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

|           |   |  |                     |                      |
|-----------|---|--|---------------------|----------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                     |                      |
| <b>A</b>  | 1172 Perkins Terrace, Memphis, TN 38117                           |  |                     |                      |
| <b>B</b>  | 321 Atlantic Avenue, Oak Grove, KY 42262                          |  |                     |                      |
| <b>C</b>  | Condominium, Kailua Kona, HI 96745                                |  |                     |                      |
| <b>1b</b> | Type of Property<br>(from list below)                             | <b>2</b> For each rental real estate property listed<br>above, report the number of fair rental and<br>personal use days. Check the <b>QJV</b> box<br>only if you meet the requirements to file as<br>a qualified joint venture. See instructions. | Fair Rental<br>Days | Personal Use<br>Days |
| <b>A</b>  | 1   | <b>A</b>   | 365                 | 0                    |
| <b>B</b>  | 1   | <b>B</b>   | 365                 | 0                    |
| <b>C</b>  | 1   | <b>C</b>   | 365                 | 0                    |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:          |  | Properties: |  | A       | B      | C       |
|------------------|--|-------------|--|---------|--------|---------|
| <b>3</b>         | Rents received   | <b>3</b>    |  | 9,559   | 12,941 | 26,055  |
| <b>4</b>         | Royalties received   | <b>4</b>    |  |         |        |         |
| <b>Expenses:</b> |  |             |  |         |        |         |
| <b>5</b>         | Advertising  | <b>5</b>    |  |         |        |         |
| <b>6</b>         | Auto and travel (see instructions)   | <b>6</b>    |  |         |        |         |
| <b>7</b>         | Cleaning and maintenance   | <b>7</b>    |  | 173     |        | 209     |
| <b>8</b>         | Commissions  | <b>8</b>    |  |         |        | 5,211   |
| <b>9</b>         | Insurance  | <b>9</b>    |  | 1,102   | 668    | 559     |
| <b>10</b>        | Legal and other professional fees  | <b>10</b>   |  |         |        |         |
| <b>11</b>        | Management fees  | <b>11</b>   |  | 860     | 245    |         |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)   | <b>12</b>   |  |         |        |         |
| <b>13</b>        | Other interest   | <b>13</b>   |  |         |        |         |
| <b>14</b>        | Repairs  | <b>14</b>   |  | 7,654   | 2,010  | 264     |
| <b>15</b>        | Supplies   | <b>15</b>   |  | 848     |        | 64      |
| <b>16</b>        | Taxes  | <b>16</b>   |  | 1,888   | 1,032  | 4,402   |
| <b>17</b>        | Utilities  | <b>17</b>   |  | 293     |        |         |
| <b>18</b>        | Depreciation expense or depletion  | <b>18</b>   |  | 3,408   | 3,296  | 13,636  |
| <b>19</b>        | Other (list) ► <b>Statement #1</b>   | <b>19</b>   |  | 69      |        | 1,283   |
| <b>20</b>        | Total expenses. Add lines 5 through 19   | <b>20</b>   |  | 16,295  | 7,251  | 25,628  |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If<br>result is a (loss), see instructions to find out if you must<br>file <b>Form 6198</b>   | <b>21</b>   |  | (6,736) | 5,690  | 427     |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any,<br>on <b>Form 8582</b> (see instructions)   | <b>22</b>   |  | (6,736) | ( )    | ( )     |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties  | <b>23a</b>  |  |         | 48,555 |         |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties   | <b>23b</b>  |  |         | 0      |         |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties  | <b>23c</b>  |  |         | 0      |         |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties  | <b>23d</b>  |  |         | 20,340 |         |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties  | <b>23e</b>  |  |         | 49,174 |         |
| <b>24</b>        | Income. Add positive amounts shown on line 21. Do not include any losses   | <b>24</b>   |  |         |        | 6,117   |
| <b>25</b>        | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b>   |  |         |        | (6,736) |
| <b>26</b>        | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result<br>here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on<br>Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this<br>amount in the total on line 41 on page 2 | <b>26</b>   |  |         |        | (619)   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2019

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Vincent Lyon &amp; Vivianne Holt

1172 Perkins Terrace

XXX-XX-XXXX

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2018 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | 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.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |  |    |  |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 | Property subject to section 168(f)(1) election   | 15 |  |
| 16 | Other depreciation (including ACRS)  | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |  |    |       |
|----|--|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2019   | 17 | 3,408 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |       |

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

| 20a Class life | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|----------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| b 12-year      |                                      |  | 12 yrs.             |                | S/L        |                            |
| c 30-year      |                                      |  | 30 yrs.             | MM             | S/L        |                            |
| d 40-year      |                                      |  | 40 yrs.             | MM             | S/L        |                            |

**Part IV Summary (See instructions.)**

|    |  |    |       |
|----|--|----|-------|
| 21 | Listed property. Enter amount from line 28   | 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 | 22 | 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  | 23 |       |

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No. 1545-0172

2019

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Vincent Lyon &amp; Vivianne Holt

321 Atlantic Ave

XXX-XX-XXXX

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2018 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12   | 13                           | 43               |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |  |    |  |
|----|--|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |  |
| 15 | Property subject to section 168(f)(1) election   | 15 |  |
| 16 | Other depreciation (including ACRS)  | 16 |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |   |    |       |
|----|---|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2019  | 17 | 3,296 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |       |

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

| (a) Class life | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|----------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 20a Class life |                                      |  |                     |                | S/L        |                            |
| b 12-year      |                                      |  | 12 yrs.             |                | S/L        |                            |
| c 30-year      |                                      |  | 30 yrs.             | MM             | S/L        |                            |
| d 40-year      |                                      |  | 40 yrs.             | MM             | S/L        |                            |

**Part IV Summary (See instructions.)**

|    |  |    |       |
|----|--|----|-------|
| 21 | Listed property. Enter amount from line 28   | 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 | 22 | 3,296 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |       |

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2019)

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2019

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Vincent Lyon &amp; Vivianne Holt

Condominium

XXX-XX-XXXX

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2018 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | 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.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |  |    |        |
|----|--|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |        |
| 15 | Property subject to section 168(f)(1) election   | 15 |        |
| 16 | Other depreciation (including ACRS)  | 16 | 13,636 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |  |    |  |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2019   | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |  |

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

| 20a Class life |  |  |         |    | S/L |  |
|----------------|--|--|---------|----|-----|--|
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 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 | 22 | 13,636 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |



Form **8879**Department of the Treasury  
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

**2019**

▶ ERO must obtain and retain completed Form 8879.

▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name

**Vincent Lyon**

Spouse's name

**Vivianne Holt**

Social security number

XXX-XX-XXXX

Spouse's social security number

XXX-XX-XXXX

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

|   |   |   |        |
|---|---|---|--------|
| 1 | Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)                                | 1 | 89,575 |
| 2 | Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)  | 2 | 7,307  |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a) | 3 | 6,202  |
| 4 | 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)                                       | 5 |        |

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize Perry P. Gambrell, Jr., PA to enter or generate my PIN                      as my  
ERO firm name signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

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

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

☒ I authorize Perry P. Gambrell, Jr., PA to enter or generate my PIN                      as my  
ERO firm name signature on my tax year 2019 electronically filed income tax return. Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only - continue below****Part III Certification and Authentication - Practitioner PIN Method Only**

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

XXXXXXXX

Don't enter all zeros

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

ERO's signature ▶ Perry P. Gambrell, Jr. Date ▶ 04-24-2020**ERO Must Retain This Form - See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

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

Form 8879 (2019)

**Federal Supporting Statements****2019 PG01**

Name(s) as shown on return

Tax ID Number

Vincent Lyon &amp; Vivianne Holt

XXX-XX-XXXX

**Schedule E - Line 19 - Other Expenses**

Statement #1

**Other Expenses****Property A****Property B****Property C**

Inspection fees

69

Merchant svcs charge

1,283

**Total****69****1,283**

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

**1040****Overflow Statement****2019**  
Page 1

Name(s) as shown on return

Your Social Security Number

Vincent Lyon &amp; Vivianne Holt

XXX-XX-XXXX

**Schedule A, Line 6 - Other Taxes****Description****Amount**

Foreign tax

\$ 41

**Total:**

\$ 41

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**Summary of Estimates****2020**

Name(s) as shown on return

**Vincent Lyon & Vivianne Holt**

Your SSN/EIN

**XXX-XX-XXXX****Federal****Form: 1040-ES****Payment Schedule**

| 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 |  |  |  |  |

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# Estimated Tax Worksheet for Next Year

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

Vincent 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 . . . . .  | 11a. | _____ |
| 11b. | Standard deduction . . . . .   | 11b. | _____ |
| 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.  | Projected Tax . . . . .  | 15.  | _____ |
| 16.  | Alternative Minimum Tax . . . . .  | 16.  | _____ |
| 17.  | Total tax . . . . .  | 17.  | _____ |
| 18a. | Child Tax Credit and Other Dependent Credit . . . . .  | 18a. | _____ |
| 18b. | Other projected Credits . . . . .  | 18b. | _____ |
| 18c. | Total projected credits . . . . .  | 18c. | _____ |
| 19.  | Subtract line 18d from line 17 . . . . .   | 19.  | _____ |
| 20.  | Projected SE Tax - Taxpayer . . . . .  | 20.  | _____ |
| 21.  | Projected SE Tax - Spouse . . . . .  | 21.  | _____ |
| 22.  | Other taxes . . . . .  | 22.  | _____ |
| 23a. | Add lines 19 through 22 . . . . .  | 23a. | _____ |
| 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 . . . . . | 23b. | _____ |
| c.   | Total 2020 estimated tax. Subtract line 23b from line 23a. If zero or less enter -0- . . . . .   | 23c. | _____ |
| 24a. | Multiply line 23c by 90% (66 2/3% for farmers and fishermen) . . . . .   | 24a. | _____ |
| b.   | Required annual payment based on prior year's tax (see instructions) . . . . .   | 24b. | 7,307 |
| c.   | Required annual payment to avoid a penalty. Enter the smaller of line 24a or 24b . . . . .   | 24c. | 7,307 |
| 25.  | Projected Withholding . . . . .  | 25.  | 6,202 |
| 26.  | Projected Net Tax (subtract line 25 from line 24c) . . . . .   | 26.  | 1,105 |

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.

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SUPERVISOR OF ELECTIONS

# 1099-Misc Detail Listing

|  |  |                                    |
|--|--|------------------------------------|
| Name(s) as shown on return<br>Vincent Lyon & Vivianne Holt |  | Social Security No.<br>XXX-XX-XXXX |
|--|--|------------------------------------|

| T/S | Payer Name              | Rents  | Royalties | Other Income | W/H | Fishing | Medical | Nonemployee | Crop Ins | Attorney | STATE |           |
|-----|-------------------------|--------|-----------|--------------|-----|---------|---------|-------------|----------|----------|-------|-----------|
|     |                         |        |           |              |     |         |         |             |          |          | W/H   | ST Income |
| T   | Marathon Management LLC | 9,559  |           |              |     |         |         |             |          |          |       |           |
|     | Arrington LLC           | 10,500 |           |              |     |         |         |             |          |          |       |           |
| T   | Kona Now Hawaii Rentals | 26,055 |           |              |     |         |         |             |          |          |       |           |
| T   | Taxpayer Totals         | 46,114 |           |              |     |         |         |             |          |          |       |           |
| S   | Spouse Totals           |        |           |              |     |         |         |             |          |          |       |           |
|     | Overall Totals          | 46,114 |           |              |     |         |         |             |          |          |       |           |

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# Student Loan Interest Deduction Worksheet

## Form 1040, Line 20

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

Vincent Lyon & Vivianne Holt

XXX-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 . . . . . 1. 552
2. Enter the amount from Form 1040 or 1040-SR, line 7b . . . . . 2. 90,127
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 . . . . . 3. \_\_\_\_\_
4. Subtract line 3 from line 2 . . . . . 4. 90,127
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
 . . . . . 5. 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 . . . . . 6. \_\_\_\_\_
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 . . . . . 7. \_\_\_\_\_
8. Multiply line 1 by line 7 . . . . . 8. 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.) . . . . . 9. 552

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

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2019

Name(s) as shown on return

JUN 10 2020

Tax ID Number

Vincent Lyon & Vivianne Holt

XXX-XX-XXXX

**Before you begin:**

- 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 box on Form 1040 or 1040-SR, line 6.

|   |     |         |
|---|-----|---------|
| 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   | 1.  | 65,175  |
| 2. Enter the amount from Form 1040 or 1040-SR, line 3a*   | 2.  | 1,032   |
| 3. Are you filing Schedule D?<br><input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D.<br>If either line 15 or 16 is blank or a loss, enter -0-.  | 3.  |         |
| <input checked="" type="checkbox"/> No. Enter the amount from Form 1040 or 1040-SR, line 6  |     |         |
| 4. Add lines 2 and 3  | 4.  | 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-   | 5.  |         |
| 6. Subtract line 5 from line 4. If zero or less, enter -0-  | 6.  | 1,032   |
| 7. Subtract line 6 from line 1. If zero or less, enter -0-  | 7.  | 64,143  |
| 8. Enter:<br>\$39,375 if single or married filing separately,<br>\$78,750 if married filing jointly or qualifying widow(er),<br>\$52,750 if head of household.  | 8.  | 78,750  |
| 9. Enter the smaller of line 1 or line 8  | 9.  | 65,175  |
| 10. Enter the smaller of line 7 or line 9   | 10. | 64,143  |
| 11. Subtract line 10 from line 9. This amount is taxed at 0%  | 11. | 1,032   |
| 12. Enter the smaller of line 1 or line 6   | 12. | 1,032   |
| 13. Enter the amount from line 11   | 13. | 1,032   |
| 14. Subtract line 13 from line 12   | 14. |         |
| 15. Enter:<br>\$434,550 if single,<br>\$244,425 if married filing separately,<br>\$488,850 if married filing jointly or qualifying widow(er),<br>\$461,700 if head of household.  | 15. | 488,850 |
| 16. Enter the smaller of line 1 or line 15  | 16. | 65,175  |
| 17. Add lines 7 and 11  | 17. | 65,175  |
| 18. Subtract line 17 from line 16. If zero or less, enter -0-   | 18. |         |
| 19. Enter the smaller of line 14 or line 18   | 19. |         |
| 20. Multiply line 19 by 15% (0.15)  | 20. |         |
| 21. Add lines 11 and 20   | 21. | 1,032   |
| 22. Subtract line 21 from line 12   | 22. |         |
| 23. Multiply line 22 by 20% (0.20)  | 23. |         |
| 24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure 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  | 25. | 7,307   |
| 26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet  | 26. | 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 | 27. | 7,307   |

\* If you 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

Name(s) as shown on return

Tax ID Number

Vincent Lyon & Vivianne Holt

XXX-XX-XXXX

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b ..... 1. 239
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b ..... 2. \_\_\_\_\_
3. Enter any amount from Form 1040 or 1040-SR, line 3b ..... 3. 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.) ..... 4. \_\_\_\_\_

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- ..... 5. \_\_\_\_\_
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.) ..... 6. \_\_\_\_\_
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) ..... 7. \_\_\_\_\_

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-.) ..... 8. \_\_\_\_\_

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. (f)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) ..... 9. 0
10. Adjustment from EIC screen ..... 10. \_\_\_\_\_
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. This is your Investment Income ..... 11. 1,906
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.

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# Form 6251, Line 2m - Passive Activities

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

Vincent Lyon & Vivianne Holt

XXX-XX-XXXX

| Description | Form/<br>Sch | AMT<br>Inc/Loss | Regular<br>Inc/Loss | Difference<br>Line 2m |
|-------------|--------------|-----------------|---------------------|-----------------------|
| Condominium | SCH E        | 428             | 427                 | 1                     |
|             | TOTALS       | 428             | 427                 | 1                     |

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**Modified Adjusted Gross Income (MAGI)  
Form 8582, Line 7**

(Keep for your records)

**2019**

Name(s) as shown on return

Tax ID Number

**Vincent Lyon & Vivianne Holt**

**XXX-XX-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)       |               |               |
| 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                                  |               |               |
| Nonpassive farm income or (loss)  |               |               |
| Unemployment compensation   |               |               |
| Other income  |               |               |
| <b>Total income</b>   | <b>90,746</b> | <b>90,746</b> |
| <b>Adjustments</b>  |               |               |
| Educator expenses   |               |               |
| Certain business expenses of reservists, performing artists, and 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   |               |               |
| <b>Total adjustments</b>  | <b>0</b>      | <b>0</b>      |
| <b>Subtract total adjustments from total income</b>   | <b>90,746</b> | <b>90,746</b> |
| MAGI adjustment from input screen E2  |               |               |
| <b>Modified adjusted gross income</b>   | <b>90,746</b> | <b>90,746</b> |

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**PAGE 1**

Vincent Lyon & Vivianne Holt

XXXX-XX-XX

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

|       |         |        |
|-------|---------|--------|
| 3,408 | ST ADJ: | 93,743 |
|       | UBIA:   |        |

**2019**  
**PAGE 1**

**Social security number/EIN**  
**XXX-XX-XXXX**

Vincent Lyon & Vivianne Holt

| No.                  | Description         | Date     | Cost   | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life                              | Method | Rate  | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |         |        |
|----------------------|---------------------|----------|--------|------------------|---------------------|-------------|--------------------|-------------------|-----------------------------------|--------|-------|--------------------|----------------------|--------------------------|-------------|---------|--------|
| 2                    | 321 Atlantic Avenue | 01012016 | 90,653 |                  | 100.00              |             |                    | 90,653            | 27.5 SL                           | MM     | 3.636 | 9,751              | 3,296                | 13,047                   | 3,296       |         |        |
| Totals               |                     |          |        |                  |                     |             |                    |                   | 90,653                            |        |       | 9,751              | 3,296                | 13,047                   | 3,296       |         |        |
| Land Amount          |                     |          |        |                  |                     |             |                    |                   | CY 179 and CY Bonus               |        |       |                    |                      |                          |             | ST ADJ: | 90,653 |
| Net Depreciable Cost |                     |          |        |                  |                     |             |                    |                   | TOTAL CY Depr including 179/bonus |        |       |                    |                      |                          |             | UBIA:   | 90,653 |

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

2019 PAGE 1

**PAGE 1**

**For your records only**

Name(s) as shown on return

Social security number/EIN

Vincent Lyon & Vivianne Holt

| No.    | Description | Date     | Cost     | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life    | Method | Rate  | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|--------|-------------|----------|----------|------------------|---------------------|-------------|--------------------|-------------------|---------|--------|-------|--------------------|----------------------|--------------------------|-------------|
| 3      | Condominium | 01012017 | 375,000* |                  | 100.00              |             |                    | 375,000           | 27.5 SL | MM     | 3.636 | 26,705             | 13,636               | 40,341                   | 13,635      |
| Totals |             |          | 375,000  |                  |                     |             |                    | 375,000           |         |        |       | 26,705             | 13,636               | 40,341                   | 13,635      |

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SUPERVISOR OF ELECTIONS

**Totals**

**Land Amount**

Net Depreciable Cost

375,000

---

112

**CY 179 and CY Bonus**

13.636

ST ADJ:  
LIBTA.

375.000

# Next Year's Depreciation Worksheet

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

Vincent Lyon & Vivianne Holt

XXX-XX-XXXX

| Form | Multi-Form | Description              | Date       | Basis   | Method | Life | Deduction |
|------|------------|--------------------------|------------|---------|--------|------|-----------|
| E    | 1          | 1172 Perkins Terrace Mem | 01-01-2016 | 93,743  | ARR    | 27.5 | 3,409     |
| E    | 2          | 321 Atlantic Avenue Oak  | 01-01-2016 | 90,653  | ARR    | 27.5 | 3,296     |
| E    | 3          | Condominium              | 01-01-2017 | 375,000 | SL     | 27.5 | 13,636    |
|      |            | TOTAL                    |            |         |        |      | 20,341    |

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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-XXXX

### 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 | Reg. Tax |
| 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   | AMT | Reg. Tax |
| Net operating loss   | AMT | Reg. Tax |
| Excess business loss from Form 461 (becomes part of NOL next year) | AMT | Reg. Tax |
| Qualified REIT and PTP loss carryover                              |     |          |
| QBI loss carryover   |     |          |
| Nonrecaptured net section 1231 losses from WK_1231C                | AMT | Reg. Tax |

### Credits

|   |     |          |
|---|-----|----------|
| Mortgage interest credit                            |     |          |
| Credit for prior year minimum tax                   |     |          |
| Foreign Tax credit                                  | AMT | Reg. Tax |
| District of Columbia first time home owner's credit |     |          |
| Res. energy efficient property credit               |     |          |

### Other

|  |          |                         |
|--|----------|-------------------------|
| Preparer Fee                                   |          |                         |
| Overpayment applied to next year's estimates   |          | 3,800                   |
| Estimated Tax Payment 1                        | 950      | Estimated Tax Payment 2 |
| Estimated Tax Payment 3                        | 950      | Estimated Tax Payment 4 |
| Federal tax liability for 2210 calculation     |          | 7,307                   |
| State tax liability for state 2210 calculation |          |                         |
| IRA basis                                      | Taxpayer | Spouse                  |

### Passive Activity

### At Risk Limitations

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# 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

XXX-XX-XXXX

PAN 1 Activity 1172 Perkins Terrace Form SCH E 100% Disposed Of NO

## Regular Tax Loss Calculations

|                     | Prior Year<br>Suspended Losses | Current Year<br>Income/Loss | Utilized in<br>Current Year | Losses Suspended<br>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<br>Suspended Losses | Current Year<br>Income/Loss | Utilized in<br>Current Year | Losses Suspended<br>To Next Year |
|---------------------|--------------------------------|-----------------------------|-----------------------------|----------------------------------|
| Operating           |                                | (6,736)                     | (6,736)                     |                                  |
| Form 4797 - Part I  |                                |                             |                             |                                  |
| Form 4797 - Part II |                                |                             |                             |                                  |
| TOTALS              |                                | (6,736)                     | (6,736)                     |                                  |

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

## 2019 W-2 and Earnings Summary



# Employee Reference Copy

# W-2 Wage and Tax Statement 2019

OMB No. 1545-0048  
 1 Control number 000011 RW/9KG Dept. Corp. Employer use only A 19

2 Employer's name, address, and ZIP code

CHIUMENTO & ASSOCIATES  
 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

|  |   |
|--|---|
| 5 Employer's FED ID number<br>82-4775029 | a Employee's Social Security number       |
| 1 Wages, tips, other comp.<br>70000.16   | 2 Federal income tax withheld<br>6201.63  |
| 3 Social security wages<br>70000.16      | 4 Social security tax withheld<br>4340.01 |
| 5 Medicare wages and tips<br>70000.16    | 6 Medicare tax withheld<br>1015.00        |
| 7 Social security tips                   | 8 Allocated tips                          |
| 9  | 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 |
| 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                          |

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.

|                    | Wages, Tips, other Compensation<br>Box 1 of W-2 | Social Security Wages<br>Box 3 of W-2 | Medicare Wages<br>Box 5 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|
| Gross Pay          | 70,000.16                                       | 70,000.16                             | 70,000.16                      |
| Reported W-2 Wages | 70,000.16                                       | 70,000.16                             | 70,000.16                      |

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FLAGLER COUNTY  
 SUPERVISOR 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 Number  
 Taxable Marital Status: MARRIED  
 Exemptions/Allowances:  
 FEDERAL: 0

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Fold and Detach Here

|   |   |
|---|---|
| 1 Wages, tips, other comp.<br>70000.16  | 2 Federal income tax withheld<br>6201.63  |
| 3 Social security wages<br>70000.16   | 4 Social security tax withheld<br>4340.01 |
| 5 Medicare wages and tips<br>70000.16   | 6 Medicare tax withheld<br>1015.00        |
| d Control number 000011 RW/9KG  | Dept. Corp. Employer use only A 19        |
| e Employer's name, address, and ZIP code  |   |
| CHIUMENTO & ASSOCIATES<br>PLLC<br>145 CITY PLACE STE 301A<br>PALM COAST, FL 32164 |   |

|  |   |
|--|---|
| 5 Employer's FED ID number<br>82-4775029 | a Employee's Social Security number       |
| 7 Social security tips                   | 8 Allocated tips                          |
| 9  | 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 and 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           |

Federal Filing Copy  
**W-2 Wage and Tax Statement 2019**

|   |   |
|---|---|
| 1 Wages, tips, other comp.<br>70000.16  | 2 Federal income tax withheld<br>6201.63  |
| 3 Social security wages<br>70000.16   | 4 Social security tax withheld<br>4340.01 |
| 5 Medicare wages and tips<br>70000.16   | 6 Medicare tax withheld<br>1015.00        |
| d Control number 000011 RW/9KG  | Dept. Corp. Employer use only A 19        |
| e Employer's name, address, and ZIP code  |   |
| CHIUMENTO & ASSOCIATES<br>PLLC<br>145 CITY PLACE STE 301A<br>PALM COAST, FL 32164 |   |

|  |   |
|--|---|
| 5 Employer's FED ID number<br>82-4775029 | a Employee's Social Security number       |
| 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 pay |

e/f Employee's name, address and 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  
**W-2 Wage and Tax Statement 2019**

|   |   |
|---|---|
| 1 Wages, tips, other comp.<br>70000.16  | 2 Federal income tax withheld<br>6201.63  |
| 3 Social security wages<br>70000.16   | 4 Social security tax withheld<br>4340.01 |
| 5 Medicare wages and tips<br>70000.16   | 6 Medicare tax withheld<br>1015.00        |
| d Control number 000011 RW/9KG  | Dept. Corp. Employer use only A 19        |
| e Employer's name, address, and ZIP code  |   |
| CHIUMENTO & ASSOCIATES<br>PLLC<br>145 CITY PLACE STE 301A<br>PALM COAST, FL 32164 |   |

|  |   |
|--|---|
| 5 Employer's FED ID number<br>82-4775029 | a Employee's Social Security number       |
| 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 pay |

e/f Employee's name, address and 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  
**W-2 Wage and Tax Statement 2019**

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

Account No:  
Account Name:  
Recipient's TIN:  
Account Executive No:

VIVIANNE M HOLT  
WWW  
01/31/2020

IN ACCOUNT WITH  
**FIRSTRADE SECURITIES, INC.**  
**(800) 869-8800**

**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 RETURN. ONLY INFORMATION REPORTED ON FORM 1099 IS SENT TO THE IRS.

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**Consolidated 1099 Sections:**

1099-DIV / INT Summary Information

**Details:**

1099-DIV Dividend & Distribution Details

Your Account did not receive the following Forms:

- 1099-INT
- 1099-B
- 1099-OLD
- 1099-MISC

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Account No:  
Account Name:  
Recipient's TIN:  
Account Executive No:

VIVIANNE M HOLT  
WWW

01/31/2020

IN ACCOUNT WITH  
**FIRSTRADE SECURITIES, INC.**  
**(800) 869-8800**

**RECIPIENT'S Name, Street Address, City, State, and Zip Code**

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

PAYER'S TIN: 13-2967453  
PAYER'S Name, Street, City, State, Zip Code:  
APEX CLEARING  
ONE DALLAS CENTER  
350 N. ST PAUL, SUITE 1300  
DALLAS, TX 75201  
☐ FATCA Filing Requirement  
Telephone Number: 214-765-1009

**2019 CONSOLIDATED FORMS 1099**

**2019 FORM 1099-DIV DIVIDENDS AND DISTRIBUTIONS** OMB NO. 1545-0110  
IRS Box

|     |  |               |
|-----|--|---------------|
| 1a. | Total ordinary dividends (includes Boxes 1b, 5, 6)           | \$161.81      |
| 1b. | 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        |
| 3.  | Nondividend distributions                                    | \$0.00        |
| 4.  | <b>Federal income tax withheld</b>                           | <b>\$0.00</b> |
| 5.  | Section 199A dividends                                       | \$0.00        |
| 6.  | Investment expenses  | \$0.00        |
| 7.  | Foreign tax paid   | \$0.00        |
| 8.  | Foreign country or U.S. possession                           | -             |
| 9.  | Cash liquidation distributions                               | \$0.00        |
| 10. | Noncash liquidation distributions                            | \$0.00        |
| 11. | Exempt-interest dividends (includes Box 12)                  | \$0.00        |
| 12. | Specified private activity bond interest dividends (AMT)     | \$0.00        |

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

THIS IS YOUR FORM 1099 (COPY B FOR RECIPIENT). KEEP FOR YOUR RECORDS.  
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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

**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 (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-DIV 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 it on 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 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 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 gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 rather than Schedule D. See the Form 1040 instructions. **Box 2b.** Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the instructions for Schedule D (Form 1040). **Box 2c.** Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions. **Box 2d.** Shows 28% rate gain from sales or exchanges of collectibles. If reduced, use this amount when completing the 28% Rate Gain Worksheet in the instructions for Schedule D (Form 1040). **Box 3.** Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550. **Box 4.** Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld. **Box 5.** Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 1040. **Box 6.** Shows your share of expenses of a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a. **Box 7.** Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions. **Box 8.** This box should be left blank if a RIC reported the foreign tax shown in box 7. **Boxes 9 and 10.** Show cash and noncash liquidation distributions. **Box 11.** Shows exempt-interest dividends 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 recipient. You must file Form 1099-DIV (with a Form 1096) 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](http://www.irs.gov/Form1099DIV).

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

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 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 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 allocable to the payment(s). If you did not notify your payer that you did not want to amortize 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 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 (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-INT 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 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 energy conservation bonds, qualified zone academy bonds, qualified school 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, September 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 forfeited because of early withdrawal of time savings. You may deduct this amount to 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 bills, Treasury bonds, and Treasury notes. 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 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 single-class 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 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 a premium. **Box 9.** Shows a 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. **Box 10.** For a taxable or tax-exempt covered security, 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 discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-INT. For a taxable or tax-exempt covered 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 1278(b). 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 171. 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 in this box for a U.S. Treasury obligation that is a covered security, the net amount of interest paid on the covered security, see Regulations section 1.171-2(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 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. 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 in this box for a U.S. Treasury obligation that is a covered security, the net amount of interest paid on the covered security, 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 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, 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 1096 with the Internal 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 developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT).

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

Account No:  
Account Name:  
Recipient's TIN:  
Account Executive No:  
ORIGINAL: 01/31/2020

IN ACCOUNT WITH  
FIRSTRADE SECURITIES, INC.  
(800) 869-8800

# 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   | -                | -                    |                        |
| 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   | -                | -                    |                        |
| 09/16/19  | FIRST AMERICAN FINANCIAL CORPORATI | 31847R102 | QUALIFIED DIVIDEND      | \$6.34   | -                | -                    |                        |
| 12/16/19  | FIRST AMERICAN FINANCIAL CORPORATI | 31847R102 | QUALIFIED DIVIDEND      | \$6.39   | -                | -                    |                        |
| 03/14/19  | 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  | -                | -                    |                        |
| Total Qualified Dividends (Box 1b included in Box 1a) |                                    |           |                         | \$161.81 |                  |                      |                        |
| Total Ordinary Dividends (Box 1a)                     |                                    |           |                         | \$161.81 |                  |                      |                        |

END OF 2019 DETAILS

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DALLAS, TX 75201

Account No:  
Account Name:  
Recipient's TIN:  
Account Executive No:

VIVIANNE M HOLT  
WWW  
01/31/2020

IN ACCOUNT WITH  
**FIRSTRADE SECURITIES, INC.**  
**(800) 869-8800**

## CONSOLIDATED 2019 FORMS 1099 AND DETAILS

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

### YEAR-END MESSAGES

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Your Account did not receive the following Forms:

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

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DALLAS, TX 75201

Account No:  
Account Name:  
Recipient's TIN:  
Account Executive No:  
ORIGINAL:  
01/31/2020

IN ACCOUNT WITH  
**FIRSTRADE SECURITIES, INC.**  
(800) 869-8800

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

**PAYER'S TIN: 13-2967453**  
**PAYER'S Name, Street, City, State, Zip Code:**  
APEX CLEARING  
ONE DALLAS CENTER  
350 N. ST PAUL, SUITE 1300  
DALLAS, TX 75201  
**Telephone Number: 214-765-1009**

**2019 CONSOLIDATED FORMS 1099**

**2019 FORM 1099-DIV DIVIDENDS AND DISTRIBUTIONS** **CMB NO. 1545-0110**

|     |  |               |
|-----|--|---------------|
| 1a. | Total ordinary dividends (includes Boxes 1b, 5, 6)           | \$161.81      |
| 1b. | 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        |
| 3.  | Nondividend distributions                                    | \$0.00        |
| 4.  | <b>Federal income tax withheld</b>                           | <b>\$0.00</b> |
| 5.  | Section 199A dividends                                       | \$0.00        |
| 6.  | Investment expenses  | \$0.00        |
| 7.  | Foreign tax paid   | \$0.00        |
| 8.  | Foreign country or U.S. possession                           | -             |
| 9.  | Cash liquidation distributions                               | \$0.00        |
| 10. | Noncash liquidation distributions                            | \$0.00        |
| 11. | Exempt-interest dividends (includes Box 12)                  | \$0.00        |
| 12. | Specified private activity bond interest dividends (AMT)     | \$0.00        |

THIS IS YOUR FORM 1099 (COPY B FOR RECIPIENT). KEEP FOR YOUR RECORDS.  
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

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JUN 10 2020

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

**Recipient 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 (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported you complete TIN to the IRS. **FATCA filing requirement.** If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099-DIV to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 8838. **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, 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 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 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 gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on your Form 1040 rather than Schedule D. See the Form 1040 instructions. **Box 2b.** Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. See the Unrecaptured Section 1250 Gain Worksheet in the instructions for Schedule D (Form 1040). **Box 2c.** Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to an exclusion. See the Schedule D (Form 1040) instructions. **Box 2d.** Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet in the instructions for Schedule D (Form 1040). **Box 3.** Shows a return of capital. To the extent of your cost (or other basis) in the stock, the distribution reduces your basis and is not taxable. Any amount received in excess of your basis is taxable to you as capital gain. See Pub. 550. **Box 4.** Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld. **Box 5.** Shows the portion of the amount in box 1a that may be eligible for the 20% qualified business income deduction under section 199A. See the instructions for Form 1040. **Box 6.** Shows your share of expenses if a nonpublicly offered RIC, generally a nonpublicly offered mutual fund. This amount is included in box 1a. **Box 7.** Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions. **Box 8.** This box should be left blank if a RIC reported the foreign tax shown in box 7. **Boxes 9 and 10.** Show cash and noncash liquidation distributions. **Box 11.** Shows exempt-interest dividends 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 recipient. You must file Form 1099-DIV (with a Form 1096) 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](http://www.irs.gov/Form1099DIV).

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

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 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 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 allocable to the payment(s). If you did not notify your payer that you did not want to amortize 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 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 (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-INT to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the instructions for Form 8838. **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 energy conservation bonds, qualified zone academy bonds, qualified school 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, September 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 foreclosed because of early withdrawal of time savings. You may deduct this amount to 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 bills, Treasury bonds, and Treasury notes. 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 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 single-class 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 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 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. **Box 10.** For a taxable or tax-exempt covered security, if you made an election under section 1276(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 discount 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-exempt covered 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-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 171. 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 in this box, see Pub. 550 to determine the net amount of interest paid on the covered security, see Regulations section 1.171-2(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). 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, 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 1096 with the Internal 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 developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT).

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

Account No:  
Account Name:  
Recipient's TIN:  
Account Executive No:  
ORIGINAL:  
01/31/2020

IN ACCOUNT WITH  
FIRSTRADE SECURITIES, INC.  
(800) 869-8800

# 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   | -                | -                    |                        |
| 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   | -                | -                    |                        |
| 09/16/19  | FIRST AMERICAN FINANCIAL CORPORATI | 31847R102 | QUALIFIED DIVIDEND      | \$6.34   | -                | -                    |                        |
| 12/16/19  | FIRST AMERICAN FINANCIAL CORPORATI | 31847R102 | QUALIFIED DIVIDEND      | \$6.39   | -                | -                    |                        |
| 03/14/19  | 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  | -                | -                    |                        |
| Total Qualified Dividends (Box 1b included in Box 1a) |                                    |           |                         | \$161.81 |                  |                      |                        |
| Total Ordinary Dividends (Box 1a)                     |                                    |           |                         | \$161.81 |                  |                      |                        |

END OF 2019 DETAILS

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

THIS STATEMENT IS NOT A SUBSTITUTE FOR FORM 1099 AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

ETRADE SECURITIES LLC  
PO BOX 484  
JERSEY CITY, NJ 07303-0484

Account No: [REDACTED]  
Account Name: VINCENT T LYON  
Recipient's TIN: [REDACTED]  
Account Executive No: ET1  
ORIGINAL: 12/31/2019

## CONSOLIDATED 2019 FORMS 1099 AND DETAILS

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

### YEAR-END MESSAGES

CERTAIN EVENTS SUCH AS COST BASIS, ORIGINAL ISSUE DISCOUNT ADJUSTMENTS OR 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. PLEASE SEE INSERT FOR DETAILS OR VISIT [WWW.ETRADE.COM/TAXCENTER](http://WWW.ETRADE.COM/TAXCENTER) FOR ANY UPDATES. IF YOU HAVE QUESTIONS PLEASE CALL 800-ETRADE-1 (800-387-2331) OR LOG ON TO YOUR ACCOUNT AND SEND US A SECURE MESSAGE BY CLICKING ON THE CUSTOMER SERVICE LINK AT THE TOP OF THE PAGE

### TABLE OF CONTENTS

#### Consolidated 1099 Sections:

1099-DIV / INT Summary Information

Page 3

#### Details:

1099-DIV Dividend & Distribution Details

Page 5

Your Account did not receive the following Forms:

1099-INT  
1099-B  
1099-OLD  
1099-MISC

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

Account No: [REDACTED]  
Account Name: VINCENT T LYON  
Recipient's TIN: [REDACTED]  
Account Executive No: ET1  
ORIGINAL: 12/31/2019

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

PAYER'S TIN: 35-2167612  
PAYER'S Name, Street, City, State, Zip Code:  
E\*TRADE SECURITIES LLC  
PO BOX 484  
JERSEY CITY, NJ 07303-0484  
Telephone Number: 800 387 2331  
☐ FATCA Filing Requirement

2019 CONSOLIDATED FORMS 1099

2019 FORM 1099-DIV DIVIDENDS AND DISTRIBUTIONS OMB NO. 1545-0110  
IRS Box

|     |  |               |
|-----|--|---------------|
| 1a. | Total ordinary dividends (includes Boxes 1b, 5, 6)           | \$35.25       |
| 1b. | Qualified dividends  | \$35.25       |
| 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        |
| 3.  | Nondividend distributions                                    | \$0.00        |
| 4.  | <b>Federal income tax withheld</b>                           | <b>\$0.00</b> |
| 5.  | Section 199A dividends                                       | \$0.00        |
| 6.  | Investment expenses  | \$0.00        |
| 7.  | Foreign tax paid   | \$0.00        |
| 8.  | Foreign country or U.S. possession                           | \$0.00        |
| 9.  | Cash liquidation distributions                               | \$0.00        |
| 10. | Noncash liquidation distributions                            | \$0.00        |
| 11. | Exempt-interest dividends (includes Box 12)                  | \$0.00        |
| 12. | Specified private activity bond interest dividends (AMT)     | \$0.00        |

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THIS IS YOUR FORM 1099 (COPY B FOR RECIPIENT). KEEP FOR YOUR RECORDS.  
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.





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

Account No: [REDACTED]  
Account Name: VINCENT T LYON  
Recipient's TIN: [REDACTED]  
Account Executive No: ET1  
ORIGINAL: 12/31/2019

DETAILS OF 2019 FORM 1099-DIV

| Date  | Security Description | CUSIP     | Transaction Description | Amount  | Foreign Tax Paid | Federal Tax Withheld | Additional Information |
|---|----------------------|-----------|-------------------------|---------|------------------|----------------------|------------------------|
| 02/06/19  | LOWES COMPANIES INC  | 548661107 | QUALIFIED DIVIDEND      | \$0.47  | -                | -                    |                        |
| 02/06/19  | LOWES COMPANIES INC  | 548661107 | QUALIFIED DIVIDEND      | \$7.68  | -                | -                    |                        |
| 05/08/19  | LOWES COMPANIES INC  | 548661107 | QUALIFIED DIVIDEND      | \$0.51  | -                | -                    |                        |
| 05/08/19  | LOWES COMPANIES INC  | 548661107 | QUALIFIED DIVIDEND      | \$7.68  | -                | -                    |                        |
| 08/07/19  | LOWES COMPANIES INC  | 548661107 | QUALIFIED DIVIDEND      | \$0.63  | -                | -                    |                        |
| 08/07/19  | LOWES COMPANIES INC  | 548661107 | QUALIFIED DIVIDEND      | \$8.80  | -                | -                    |                        |
| 11/06/19  | LOWES COMPANIES INC  | 548661107 | QUALIFIED DIVIDEND      | \$0.68  | -                | -                    |                        |
| 11/06/19  | LOWES COMPANIES INC  | 548661107 | QUALIFIED DIVIDEND      | \$8.80  | -                | -                    |                        |
| Total Qualified Dividends (Box 1b included in Box 1a) |                      |           |                         | \$35.25 |                  |                      |                        |
| Total Ordinary Dividends (Box 1a)                     |                      |           |                         | \$35.25 |                  |                      |                        |

END OF 2019 DETAILS

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THIS STATEMENT IS NOT A SUBSTITUTE FOR FORM 1099 AND IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Arri ngt on LLC  
Arri ngt on Associates Real i ty  
P O Box 20010  
Cl arksville TN 37042

☐ CORRECTED (if checked)

OMB No. 1545-0115

2019

Miscellaneous  
Income

Form 1099-MISC

PAYER'S TIN

RECIPIENT'S TIN

81-0856597

RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  
Hol t Vi Vi anne Vincent Lyon

27 Empr ess Lane

Pal m Coast FL 32164

Account number (see instructions)

FATCA filing requirement ☐

15a Section 409A deferrals

15b Section 409A income

\$

\$

\$

16 State tax withheld

\$

17 State/Payer's state no.

\$

18 State income

\$

1 Rents

\$ 10500.00

2 Royalties

3 Other income

5 Fishing boat proceeds

\$

6 Medical and health care payments

\$

7 Nonemployee compensation

8 Substitute payments in lieu of dividends or interest

\$

9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ☐

10 Crop insurance proceeds

\$

11

12

13 Excess golden parachute payments

14 Gross proceeds paid to an attorney

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

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JUN 10 2020  
FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

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

VINCENT T LYON  
27 EMPRESS LN  
PALM COAST, FL 32164

☐ CORRECTED (if checked)

|  |  |                            |  |   |  |   |  |                       |                             |                       |  |                                      |  |                       |  |  |  |                    |  |                 |  |   |  |                                    |  |   |  |          |  |                             |  |                       |  |
|--|--|----------------------------|--|---|--|---|--|-----------------------|-----------------------------|-----------------------|--|--------------------------------------|--|-----------------------|--|--|--|--------------------|--|-----------------|--|---|--|------------------------------------|--|---|--|----------|--|-----------------------------|--|-----------------------|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br>CAPITAL ONE N.A.<br>1680 CAPITAL ONE DR<br>MCLEAN, VA 22102 |  | PAYER'S TIN<br>72-0210640  |  | RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code<br>VINCENT T LYON<br>27 EMPRESS LN<br>PALM COAST, FL 32164 |  | 14 Tax-exempt and tax credit bond CUSIP no. |  | 15 State              | 16 State identification no. | 17 State tax withheld |  |                                      |  |                       |  |  |  |                    |  |                 |  |   |  |                                    |  |   |  |          |  |                             |  |                       |  |
| 1 Interest income \$153.60   |  | 2 Early withdrawal penalty |  | 3 Interest on U.S. Savings Bonds and Treas. obligations   |  | 4 Federal income tax withheld               |  | 5 Investment expenses |                             | 6 Foreign tax paid    |  | 7 Foreign country or U.S. possession |  | 8 Tax-exempt interest |  | 9 Specified private activity bond interest |  | 10 Market discount |  | 11 Bond premium |  | 12 Bond premium on Treasury obligations |  | 13 Bond premium on tax-exempt bond |  | 14 Tax-exempt and tax credit bond CUSIP no. |  | 15 State |  | 16 State identification no. |  | 17 State tax withheld |  |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br>CAPITAL ONE N.A.<br>1680 CAPITAL ONE DR<br>MCLEAN, VA 22102 |  | PAYER'S TIN<br>72-0210640  |  | RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code<br>VINCENT T LYON<br>27 EMPRESS LN<br>PALM COAST, FL 32164 |  | 14 Tax-exempt and tax credit bond CUSIP no. |  | 15 State              | 16 State identification no. | 17 State tax withheld |  |                                      |  |                       |  |  |  |                    |  |                 |  |   |  |                                    |  |   |  |          |  |                             |  |                       |  |
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.<br>CAPITAL ONE N.A.<br>1680 CAPITAL ONE DR<br>MCLEAN, VA 22102 |  | PAYER'S TIN<br>72-0210640  |  | RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code<br>VINCENT T LYON<br>27 EMPRESS LN<br>PALM COAST, FL 32164 |  | 14 Tax-exempt and tax credit bond CUSIP no. |  | 15 State              | 16 State identification no. | 17 State tax withheld |  |                                      |  |                       |  |  |  |                    |  |                 |  |   |  |                                    |  |   |  |          |  |                             |  |                       |  |

Form 1099-INT (keep for your records) www.irs.gov/Form1099-INT Department of the Treasury - Internal Revenue Service See Details

| PRODUCT DESCRIPTION | ACCOUNT NUMBER | INTEREST INCOME | EARLY W/DRAWAL PENALTY | U.S. BONDS INTEREST ON | FED INCOME TAX WITHHELD |
|---------------------|----------------|-----------------|------------------------|------------------------|-------------------------|
| SAVINGS             | *****9630      | \$153.60        |                        |                        | \$153.60                |

# 1099-INT Instructions for Recipient

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 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 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 amount of interest paid to you. For a noncovered security acquired at a premium, your 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 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. For a noncovered security acquired at a premium, only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the 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 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, qualified energy conservation bonds, qualified zone academy bonds, qualified school 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, September 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 forfeited because of early withdrawal of time savings. You may deduct this amount to 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 bills, Treasury bonds, and Treasury notes. This interest is not taxable. 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 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 single-class 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 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 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.

[www.irs.gov/Form1099INT](http://www.irs.gov/Form1099INT).

**Box 10.** For a taxable or tax-exempt covered security, 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 discount 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-exempt covered 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 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt covered 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 171. 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 that is a 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 3, 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)(iii). **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 show amounts owned by the other spouse. **Future developments.** 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/Form1099INT](http://www.irs.gov/Form1099INT).

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COUNTY  
SUPERVISOR OF ELECTIONS

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

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JUN 10 2020

FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

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

VINCENT T LYON  
27 EMPRESS LN  
PALM COAST, FL 32164

☐

CORRECTED (if checked)

|   |                   |
|---|-------------------|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. |                   |
| CAPITAL ONE N.A.<br>1680 CAPITAL ONE DR<br>MCLEAN, VA 22102   |                   |
| PAYER'S TIN   | 72-0210640        |
| RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code            |                   |
| VINCENT T LYON<br>27 EMPRESS LN<br>PALM COAST, FL 32164   |                   |
| 3 Interest on U.S. Savings Bonds and Treas. obligations   |                   |
| Payer's RTN (optional)  | OMB No. 1545-0112 |
| 1 Interest income   | 2019              |
| 2 Early withdrawal penalty  | Form 1099-INT     |

Interest Income

|  |  |            |
|--|--|------------|
| PAYER'S TIN  |  | 72-0210640 |
| RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code |  |            |
| VINCENT T LYON<br>27 EMPRESS LN<br>PALM COAST, FL 32164  |  |            |
| 4 Federal income tax withheld  |  |            |
| 5 Investment expenses  |  |            |
| 6 Foreign tax paid   |  |            |
| 7 Foreign country or U.S. possession   |  |            |
| 8 Tax-exempt interest  |  |            |
| 9 Specified private activity bond interest   |  |            |
| 10 Market discount   |  |            |
| 11 Bond premium  |  |            |
| 12 Bond premium on Treasury obligations  |  |            |
| 13 Bond premium on tax-exempt bond   |  |            |
| 14 Tax-exempt and tax credit bond CUSIP no.  |  |            |
| 15 State FL  |  |            |
| 16 State identification no.  |  |            |
| 17 State tax withheld  |  |            |

Form 1099-INT

(Keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

See Details

| PRODUCT DESCRIPTION | ACCOUNT NUMBER | INTEREST INCOME | EARLY W/DRAWAL PENALTY | U.S. BONDS | FED INCOME TAX WITHHELD |
|---------------------|----------------|-----------------|------------------------|------------|-------------------------|
| SAVINGS             | *****9630      | \$153.60        |                        |            |                         |
|                     |                | \$153.60        |                        |            |                         |

\$153.60

# 1099-INT Instructions for Recipient

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, 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 paid to you and the 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 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 (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 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 energy conservation bonds, qualified zone academy bonds, qualified school 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, September 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 forfeited because of early withdrawal of time savings. You may deduct this amount to 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 bills, Treasury bonds, and Treasury notes. 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 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 singleclass 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 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 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.

**Box 10.** For a taxable or tax-exempt covered security, 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 discount 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-exempt covered 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-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 171. 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 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 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 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 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. 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 that is a 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 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 bonds) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to show amounts owned by the other spouse. **Future developments.** 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/Form1099INT](http://www.irs.gov/Form1099INT).

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☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

Kona Now Hawaii Rentals, LLC,  
75-5870 Kahakai Road, Office,  
Kailua Kona, HI 96740  
808-315-5503

OMB No. 1545-0115  
**2019**

**Miscellaneous  
Income**

|             |            |                 |                 |                         |                   |                      |                                     |                               |  |                                  |  |  |                                  |          |          |   |   |                                  |                               |                             |   |                                 |
|-------------|------------|-----------------|-----------------|-------------------------|-------------------|----------------------|-------------------------------------|-------------------------------|--|----------------------------------|--|--|----------------------------------|----------|----------|---|---|----------------------------------|-------------------------------|-----------------------------|---|---------------------------------|
| PAYER'S TIN | 82-1995763 | RECIPIENT'S TIN | 837-829-6320-01 | 1 Rents<br>\$ 26,055.44 | 2 Royalties<br>\$ | 3 Other income<br>\$ | 4 Federal income tax withheld<br>\$ | 5 Fishing boat proceeds<br>\$ | 6 Medical and health care payments<br>\$ | 7 Nonemployee compensation<br>\$ | 8 Substitute payments in lieu of dividends or interest<br>\$ | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/><br>\$ | 10 Crop insurance proceeds<br>\$ | 11<br>\$ | 12<br>\$ | 13 Excess golden parachute payments<br>\$ | 14 Gross proceeds paid to an attorney<br>\$ | 15a Section 409A deferrals<br>\$ | 15b Section 409A income<br>\$ | 16 State tax withheld<br>\$ | 17 State/Payer's state no.<br>HI 095-340-7488 | 18 State income<br>\$ 26,055.44 |
|-------------|------------|-----------------|-----------------|-------------------------|-------------------|----------------------|-------------------------------------|-------------------------------|--|----------------------------------|--|--|----------------------------------|----------|----------|---|---|----------------------------------|-------------------------------|-----------------------------|---|---------------------------------|

**Copy C  
For Payer  
or State Copy  
or Copy 2**

**For Privacy Act  
and Paperwork  
Reduction Act  
Notice, see the  
2019 General  
Instructions for  
Certain  
Information  
Returns.**

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Tax Statement for Forms 1098, 1099, 5498 for Year 2019

NAME, ADDRESS AND FEDERAL ID NO.  
**CIT BANK, N.A.**  
 75 N. FAIR OAKS AVENUE  
 PASADENA CA 91103

WAL 04-02

CUSTOMER NAME, ADDRESS  
**VINCENT LYON**  
 27 EMPRESS LN  
 PALM COAST FL 32164-6143

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

324D0100018744-1

FORM 1 OF 1

2019 FORM 1099-INT: INTEREST INCOME

| Account Type    | Account Number | Deposit ID   | IRS Description        | IRS Box# | Amount |
|-----------------|----------------|--------------|------------------------|----------|--------|
| CD/Time Deposit |                | 000000000001 |                        |          |        |
| Savings         |                |              |                        |          |        |
|                 |                |              | Interest income        | 1        | 35.1   |
|                 |                |              | Federal income tax w/h | 4        | 0.0    |
|                 |                |              | Interest income        | 1        | 3.5    |
|                 |                |              | Federal income tax w/h | 4        | 0.0    |

**TOTALS:**  
 Interest income 38.6  
 Federal income tax withheld 0.0

TAXPAYER TIN

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where line 5498 is

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