

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2020

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

| | |
|--|---|
| Name of proprietor <u>weeks, joshua x.</u> | Social security number (SSN) 133-73-0885 |
| A Principal business or profession, including product or service (see instructions) <u>Learning disability nurse</u> | B Enter code from instructions ▶ |
| C Business name. If no separate business name, leave blank. | D Employer ID number (EIN) (see instr.) 5 L a 7 g u 5 A |
| E Business address (including suite or room no.) ▶ <u>367 Amanda Inlet</u> City, town or post office, state, and ZIP code <u>North Anthonyland, CA, 89523</u> | |
| F Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____ | |
| G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . . . <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| H If you started or acquired this business during 2020, check here . . . <input type="checkbox"/> | |
| I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| J If "Yes," did you or will you file required Form(s) 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part I Income

| | | |
|--|----------|------------------|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/> | 1 | |
| 2 Returns and allowances | 2 | 4,006,794 |
| 3 Subtract line 2 from line 1 | 3 | 8,549,850 |
| 4 Cost of goods sold (from line 42) | 4 | 3,907 |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 3,240,437 |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | 2,963,434 |
| 7 Gross income. Add lines 5 and 6 ▶ | 7 | |

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

| | | | | | |
|--|------------|------------------|--|------------|---|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | 8,214,113 |
| 9 Car and truck expenses (see instructions). | 9 | 2,825,901 | 19 Pension and profit-sharing plans | 19 | 9,723,766 |
| 10 Commissions and fees | 10 | 6,606,643 | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | 396,056 |
| 12 Depletion | 12 | 2,806,983 | b Other business property | 20b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). | 13 | | 21 Repairs and maintenance | 21 | 795,330 |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | 71 |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | 7,132,997 |
| b Other | 16b | | b Deductible meals (see instructions) | 24b | |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | 2,354,177 |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶ | 28 | | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 900,289 | 27a Other expenses (from line 48) | 27a | 8,009,953 |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: <u>5,280,742</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 27b Reserved for future use | 27b | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | | | | |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | | | 32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk. |

CORRECTED (if checked)

| | | | | | | |
|---|--|--|---|--|--|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Fox, Marks and Morgan 7511 Johnson Shores Torresland, WY 89904 1-691-415-5804x91427 | | 1a Total ordinary dividends \$ 6,106 | OMB No. 1545-0110 2020 | | Dividends and Distributions | |
| | | 1b Qualified dividends \$ 3,580,082 | Form 1099-DIV | | | |
| PAYER'S TIN 030737491 | | RECIPIENT'S TIN 190-21-1685 | | 2a Total capital gain distr. \$ 8,453,524 | 2b Unrecap. Sec. 1250 gain \$ | |
| RECIPIENT'S name Steven, U., Mary-tony Long Thomas-hayes | | 2c Section 1202 gain \$ | 2d Collectibles (28%) gain \$ 1,476,933 | | Copy B For Recipient 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. | |
| Street address (including apt. no.) 84686 Emily Springs | | 3 Nondividend distributions \$ 2 | 4 Federal income tax withheld \$ 73,851 | | | |
| City or town, state or province, country, and ZIP or foreign postal code Kelseyfurt, NE, 03477 | | 5 Section 199A dividends \$ 549,729 | 6 Investment expenses \$ 5,220 | | | |
| | | 7 Foreign tax paid \$ | 8 Foreign country or U.S. possession | | | |
| | | 9 Cash liquidation distributions \$ 2,167,354 | 10 Noncash liquidation distributions \$ 212,718 | | | |
| | | 11 Exempt-interest dividends \$ | 12 Specified private activity bond interest dividends \$ | | | |
| Account number (see instructions) 945202381 | | 13 State TX | 14 State identification no. | 15 State tax withheld \$ 2,168,214 | | |
| | | | | \$ | | |

Form **1099-DIV**

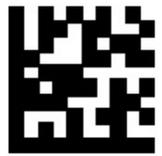
(keep for your records)

www.irs.gov/Form1099DIV

Department of the Treasury - Internal Revenue Service



ImmTrac2 Immunization Registry
DISASTER INFORMATION
RETENTION CONSENT FORM



(Please print clearly)

Grid for Client's Last Name

Client's Last Name

Grid for Client's First Name

Client's First Name

Grid for Client's Date of Birth

Client's Date of Birth

*A parent, legal guardian or managing conservator must sign this form if the client is younger than 18 years of age.

Grid for Client's Middle Name

Client's Middle Name

Client's Gender: Male Female

Grid for Client's Address

Client's Address

Grid for Apartment #

Apartment #

Grid for Client's Telephone

Client's Telephone

Grid for City

City

Grid for State

State

Grid for Zip Code

Zip Code

Grid for County

County

Grid for Mother's First Name

Mother's First Name (if client is younger than 18 years of age)

Grid for Mother's Maiden Name

Mother's Maiden Name (if client is younger than 18 years of age)

ImmTrac2, the Texas immunization registry, has been designated as the disaster-related reporting and tracking system for immunizations, antivirals, and other medications administered to individuals in preparation for, or in response to, a disaster or public health emergency. From the time the event is declared over, ImmTrac2 will retain disaster-related information received from health-care providers for a period of 5 years. At the end of the 5 year retention period, client-specific disaster-related information will be removed from the Registry unless consent is granted to retain the client information in ImmTrac2 beyond the 5 year retention period.

The Texas Department of State Health Services (DSHS) encourages your voluntary participation in the Texas immunization registry.

Consent for Retention of Disaster-Related Information and Release of Information to Authorized Entities

I understand that, by granting the consent below, I am authorizing retention of my (or my child's) disaster-related information by DSHS beyond the 5 year retention period. I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac2"). Once in ImmTrac2, my (or my child's) disaster-related information may by law be accessed by:

- a state agency, for the purpose of aiding and coordinating communicable disease prevention and control efforts, and / or
a physician or other health-care provider legally authorized to administer immunizations, antivirals, and other medications, for treating the client as a patient;

I understand that I may withdraw this consent to retain information in the ImmTrac2 Registry beyond the 5 year retention period and my consent to release information from the Registry, at any time by written communication to the Texas Department of State Health Services, ImmTrac2 Group - MC 1946, P. O. Box 149347, Austin, Texas 78714-9347.

By my signature below, I GRANT consent to retain my disaster-related information (or my child's information if younger than age 18) in the Texas immunization registry beyond the 5 year retention period.

Client (or parent, legal guardian, or managing conservator): Printed Name:

Date: Signature:

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Upon completion, please fax or mail form to the DSHS ImmTrac2 Group or a registered Health-care provider.

Questions? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com • ImmTrac2 DC Texas Department of State Health Services • ImmTrac2 Group - MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

PROVIDERS REGISTERED WITH ImmTrac2

Please enter client information in ImmTrac2 and affirm that consent has been granted.

DO NOT fax to ImmTrac2. Retain this form in your client's record.

DATA GRAPHICS, INC.
 3800 PROGRESS BLVD
 MOUNT DORA FL 32757

NNNN
 EMPLOYEE ID: UUUU
 DEPARTMENT: 7
 DD RECEIPT: CCCC



Pay Period 01/20/2020 - 01/26/2020
 Pay Date 01/30/2020

FITWH Filing Status: ^{MM} Exemptions: 0
FL Filing Status: Exemptions: 0

| Earnings | RATE | HOUR/UNIT | CURRENT | YTD HOUR/UNIT | YTD |
|--------------|-------|-----------|----------|---------------|------------|
| Hourly | 12.00 | 40.00 | 480.00 | 160.10 | 1,921.20 |
| OT | 18.00 | 1.2167 | 21.90 | 7.7167 | 138.90 |
| Hol | | | | 16.00 | 192.00 |
| Total | | 41.2167 | \$501.90 | 183.8167 | \$2,252.10 |

| Deductions | CURRENT | YTD |
|--------------|---------|---------|
| Dental | 5.68 | 29.16 |
| Vision | | 1.26 |
| Total | \$5.68 | \$30.42 |

| Taxes | CURRENT | YTD |
|--------------|---------|----------|
| FITWH | 46.98 | 203.76 |
| MED | 7.20 | 32.23 |
| SOC | 30.77 | 137.75 |
| Total | \$84.95 | \$373.74 |

| Time Off (hours) | ACCRUED | TAKEN | AVAILABLE |
|------------------|---------|-------|-----------|
| Vacation | | | 40.00 |

Net Pay CCCC \$411.27

THIS IS NOT A CHECK. THIS DOCUMENT IS TO BE USED FOR INFORMATIONAL PURPOSES ONLY.

DATA GRAPHICS, INC.
 3800 PROGRESS BLVD
 MOUNT DORA FL 32757

Direct Deposit # CCCC
 Date 01/30/2020

Pay this Amount

| | |
|--|-----------------|
| ** NON-NEGOTIABLE ** DIRECT DEPOSIT RECEIPT ** | VOID ** VOID ** |
|--|-----------------|

Pay to the Order of NNNN AAAA

7 DD

DIRECT DEPOSIT \$411.27
 TO ACCOUNT # CCCC
 BANK # CCCC

NON-NEGOTIABLE

CORRECTED (if checked)

| | | | | |
|--|--|---|--|--|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Villanueva, Dudley and Burton 089 Felicia Mission Oliviabury, NM 55897 163.061.1237x6072 | | 1 Unemployment compensation \$ 6,739,397 | OMB No. 1545-0120 2020 Form 1099-G | Certain Government Payments |
| PAYER'S TIN 584837917 | | RECIPIENT'S TIN 714458944 | 2 State or local income tax refunds, credits, or offsets \$ | |
| RECIPIENT'S name Melissa M. Dorsey-miller G. Street address (including apt. no.) 41248 Marcus Road City or town, state or province, country, and ZIP or foreign postal code East Tony, OH, 72965 | | 3 Box 2 amount is for tax year 1995 | 4 Federal income tax withheld \$ 7,399 | Copy B For Recipient 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. |
| Account number (see instructions) 698424986897 | | 5 RTAA payments \$ 7,378,380 | 6 Taxable grants \$ | |
| | | 7 Agriculture payments \$ 6,536,044 | 8 If checked, box 2 is trade or business income <input checked="" type="checkbox"/> | |
| | | 9 Market gain \$ | 11 State income tax withheld \$ 86,858 | |
| | | 10a State VT | 10b State identification no. | |

Form **1099-G**

(keep for your records)

www.irs.gov/Form1099G

Department of the Treasury - Internal Revenue Service

SCHEDULE E
(Form 1040)

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, 1040-NR, or 1041.**
▶ **Go to www.irs.gov/ScheduleE for instructions and the latest information.**

Name(s) shown on return

clark alexander, jodi-kayla u.

Your social security number

673-60-9514

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 2020 that would require you to file Form(s) 1099? See instructions **Yes** **No**
B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 30969 Rubio Brooks, Nguyenborough, AZ 90768 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 6 | | A 1355 | B 6530 | <input type="checkbox"/> |
| B | | | B | | <input type="checkbox"/> |
| C | 1 | | C 8235 | | <input type="checkbox"/> |

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 |
|---|--------------------|-----------|-----------|-----------|
| 3 Rents received | 3 | | | |
| 4 Royalties received | 4 | 8,983,636 | 87,480 | 59 |
| Expenses: | | | | |
| 5 Advertising | 5 | 96,614 | | |
| 6 Auto and travel (see instructions) | 6 | 739 | 8,724,638 | 6 |
| 7 Cleaning and maintenance | 7 | | 8 | 4,473,318 |
| 8 Commissions | 8 | | 63,908 | |
| 9 Insurance | 9 | | 4 | |
| 10 Legal and other professional fees | 10 | | 4,030 | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | 8,692,165 | 2,612,250 |
| 13 Other interest | 13 | 95 | 78,383 | |
| 14 Repairs | 14 | 4,323 | 406,235 | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | 3,872,953 | | 4 |
| 18 Depreciation expense or depletion | 18 | | | 8,384,940 |
| 19 Other (list) ▶ | 19 | | 6,082,328 | 2,916,515 |
| 20 Total expenses. Add lines 5 through 19 | 20 | | 235,085 | 9,968,885 |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | 8,640,761 | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | () | () | () |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | 2,334,640 | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | 2,355,395 | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | () | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | |

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

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

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

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

| 28 | (a) Name | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | (e) Check if basis computation is required | (f) Check if any amount is not at risk |
|-----------|------------------------------|---|---|---|---|---|
| A | Clayton, Price and Hernandez | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| B | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| C | Shaw-Martin | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

| Passive Income and Loss | | Nonpassive Income and Loss | | |
|---|--|---|--|---|
| (g) Passive loss allowed (attach Form 8582 if required) | (h) Passive income from Schedule K-1 | (i) Nonpassive loss allowed (see Schedule K-1) | (j) Section 179 expense deduction from Form 4562 | (k) Nonpassive income from Schedule K-1 |
| A | 3 | | | |
| B | | 7,590,408 | | |
| C | | | 5,309,290 | 2,153 |
| D | 1,086,523 | | 9,262,387 | 8 |
| 29a Totals | | 4 | 3,762,712 | 6,519,642 |
| b Totals | | | 450,738 | |
| 30 | Add columns (h) and (k) of line 29a. | | | 30 6,121 |
| 31 | Add columns (g), (i), and (j) of line 29b. | | | 31 (407,561) |
| 32 | Total partnership and S corporation income or (loss). Combine lines 30 and 31 | | | 32 |

Part III Income or Loss From Estates and Trusts

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

| Passive Income and Loss | | Nonpassive Income and Loss | |
|--|---|---|--|
| (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
| A | 7,316,868 | | |
| B | | 3,580,171 | 4,303,603 |
| 34a Totals | | 4,962 | 7,556,079 |
| b Totals | 5,013,930 | | 8,172,920 |
| 35 | Add columns (d) and (f) of line 34a | | 35 4,170,759 |
| 36 | Add columns (c) and (e) of line 34b | | 36 () |
| 37 | Total estate and trust income or (loss). Combine lines 35 and 36 | | 37 |

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

| 38 | (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q , line 2c (see instructions) | (d) Taxable income (net loss) from Schedules Q , line 1b | (e) Income from Schedules Q , line 3b |
|-----------|---|---|--|--|---|
| 39 | Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below | | | | 39 |

Part V Summary

| | | | |
|-----------|--|-----------|-----------|
| 40 | Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below | 40 | 9,565 |
| 41 | Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶ | 41 | |
| 42 | Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions | 42 | |
| 43 | Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules | 43 | 9,429,301 |

UCF Payroll Services
 Office of Human Resources, 3280 Progress Drive Ste
 100
 Orlando, FL 32826-3229

Pay Group: UNL-USPS Non-Exempt Law Enf
 Pay Begin Date: 04/17/2020
 Pay End Date: 04/30/2020

Business Unit: UCF01
 Advice #: ZZZZ
 Advice Date: 05/08/2020

| | | | | |
|--------------|--|----------------------|----------------|-----------------|
| NNNN AAAA | Employee ID: UUUU | TAX DATA: | Federal | FL State |
| | Department: 02302001-UN POL-PAYROLL | Marital Status: MMMM | xx | N/A |
| | Location: Main Campus (Orlando) | Allowances: | | 0 |
| | Job Title: Law Enforce Officer 1st Class | Addl Pct: | | |
| | Pay Rate: \$1,775 12 Biweekly | Addl Amt: | | |

| HOURS AND EARNINGS | | | | | | TAXES | | |
|--------------------------------|-----------|-------------|-----------------|-----------------|------------------|-----------------|---------------|-----------------|
| Description | Rate | Current | | YTD | | Description | Current | YTD |
| | | Hours | Earnings | Hours | Earnings | | | |
| Regular | | | 1,775 12 | 800 00 | 17,751 20 | Fed Withholding | 109 78 | 2,001 89 |
| Criminal Justice Incentive Pay | | | 120 00 | | 600 00 | Fed MED/EE | 26 82 | 341 81 |
| Overtime | 34 317909 | 2 00 | 68 64 | 42 25 | 1,449 93 | Fed OASDI/EE | 114 70 | 1,461 55 |
| Uniform/Tool Allowances | | | 0 00 | | 300 00 | | | |
| Annual leave payment | | | 0 00 | 40 00 | 887 56 | | | |
| Special Comp Payment | | | 0 00 | 118 25 | 2,623 84 | | | |
| Special Comp Payment - NR | | | 0 00 | 1 75 | 38 83 | | | |
| Field Training Officer | | | 0 00 | 21 00 | 945 00 | | | |
| TOTAL: | | 2.00 | 1,963.76 | 1,023.25 | 24,596.36 | TOTAL: | 251.30 | 3,805.25 |

| BEFORE-TAX DEDUCTIONS | | | AFTER-TAX DEDUCTIONS | | | EMPLOYER PAID BENEFITS | | |
|-----------------------------|---------------|-----------------|----------------------|-------------|--------------|--------------------------------|---------|----------|
| Description | Current | YTD | Description | Current | YTD | Description | Current | YTD |
| Pretax Health Contribution | 90 00 | 810 00 | Optional Life Ins | 9 96 | 89 64 | Pretax Health Contribution | 769 66 | 6,926 94 |
| Pretax Dental Contribution | 23 66 | 212 94 | | | | State Life Pretax Contribution | 1 79 | 16 11 |
| Deferred Compensation (457) | 20 00 | 200 00 | | | | Pretax Assessment | 8 69 | 78 21 |
| AIG 403(b) | 30 00 | 300 00 | | | | Florida Retirement System | 500 37 | 6,180 82 |
| Florida Retirement System | 58 91 | 727 71 | | | | | | |
| TOTAL: | 222.57 | 2,250.65 | TOTAL: | 9.96 | 89.64 | *TAXABLE | | |

| | TOTAL GROSS | FED TAXABLE GROSS | TOTAL TAXES | TOTAL DEDUCTIONS | NET PAY |
|---------|-------------|-------------------|-------------|------------------|-----------|
| Current | 1,963 76 | 1,741 19 | 251 30 | 232 53 | 1,479 93 |
| YTD | 24,596 36 | 22,345 71 | 3,805 25 | 2,340 29 | 18,450 82 |

| LEAVE BALANCES | |
|--------------------|---------------|
| Plan Type | Balance |
| Sick | 427 50 |
| Annual | 134 25 |
| Personal | 8 00 |
| Sick Leave Pool | 0 00 |
| Emergency Sick Lv | 80 00 |
| Special Comp | 67 50 |
| KC Leave Share | 0 00 |
| Overtime Comp | 0 00 |
| End Balance | 717.25 |

| NET PAY DISTRIBUTION | | | |
|----------------------|--------------|----------------|-----------------|
| | Account Type | Account Number | Deposit Amount |
| Advice #ZZZZ | Checking | *****CCCC | 1,479 93 |
| TOTAL: | | | 1,479.93 |

MESSAGE:

CORRECTED (if checked)

| | | | | | |
|---|--|---|-------------------|--|---|
| PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Ortiz Ltd 96693 Rodney Locks Derektown, AL 90304 1-001-554-6203x480 | | Payer's RTN (optional) | OMB No. 1545-0112 | | Interest Income |
| PAYER'S TIN 844106003 | | RECIPIENT'S TIN 242-75-3069 | | Copy B For Recipient | |
| RECIPIENT'S name NICHOLS, AMANDA MICHELLE S. | | FATCA filing requirement <input checked="" type="checkbox"/> | | | 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. |
| Street address (including apt. no.) 63170 Hartman Parkway | | City or town, state or province, country, and ZIP or foreign postal code Shannonberg, MP, 87370 | | | |
| 1 Interest income \$ 9,137 | | 2 Early withdrawal penalty \$ | | | |
| 3 Interest on U.S. Savings Bonds and Treas. obligations \$ 818,493 | | 4 Federal income tax withheld \$ 75 | | | |
| 5 Investment expenses \$ | | 6 Foreign tax paid \$ | | | |
| 7 Foreign country or U.S. possession \$ | | 8 Tax-exempt interest \$ | | | |
| 9 Specified private activity bond interest \$ 2,246,309 | | 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. OR | | | |
| 15 State OR | | 16 State identification no. | | 17 State tax withheld \$ 8,930 | |
| 17 State tax withheld \$ | | Account number (see instructions) 02246293253 | | | |

Form **1099-INT**

(keep for your records)

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service