

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

CONFIDENTIAL

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JUL 01 2013

ID Code

*****AUTO**ALL FOR AADC 325 T4 P3 9

Thelbert David Morgan
Sheriff
Escambia County
Elected Constitutional Officer
PO Box 18770
Pensacola, FL 32523-8770

ID No 226091

Conf. Code

P. Req. Code *****

CHECK IF THIS IS A FILING BY A CANDIDATE

Morgan, Thelbert David

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, 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 22, 2013 was \$ 719,522.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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

The aggregate value of my household goods and personal effects (described above) is \$ 100,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
#8 Crow Rd, Pns FL 32506 Rental Property	31,282.00
#12 Crow Rd, Pns, FL 32504 Rental Property	31,625.00
#20 Crow Rd, Pns, FL 32506 Rental Property	27,446.00
#24 Crow Rd, Pns, FL 32506 Rental Property	28,254.00
5051 Grande Dr, Unit I-7, Pns, FL 32503 Rental Property	102,820.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
[Redacted] residence)	254,611.00
Wells Fargo Home Mortgage, P.O. Box 660455, Dallas TX 75266-0455	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

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

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

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

None

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

OATH

STATE OF FLORIDA
 COUNTY OF Escambia

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, correct, and complete.

Sworn to (or affirmed) and subscribed before me this 24th day of June, 2013 by Shelbert David Morgan

NOTARY PUBLIC-STATE OF FLORIDA
 Judith Barnes-Felty
 Commission # DD994102
 Expires: MAY 20, 2014
 BONDED THRU ATLANTIC BONDING CO., INC.

Judith Barnes-Felty
 (Signature of Notary Public--State of Florida)

NOTARY PUBLIC-STATE OF FLORIDA
 Judith Barnes-Felty
 Commission # DD994102
 Expires: MAY 20, 2014
 BONDED THRU ATLANTIC BONDING CO., INC.

Shelbert David Morgan
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

PART B – ASSETS (cont) NAME: Thelbert David Morgan #226091

		\$359,801.00
#5051 Grande Dr., Unit D-3, Pns, FL 32503	Rental Property	\$114,542.00
#2804 Donley St., Pns, FL 32526	Rental Property	\$ 32,163.00
Money Market Savings		\$140,000.00
Eglin Federal Credit Union 838 Eglin Pkwy, N.E. Ft. Walton Beach, FL 32547-3935		
US Savings Bond, I-Series		\$ 5,000.00
Business Equipment (computer, bookshelves, etc.)		\$ 1,200.00

For the year Jan 1 - Dec 31, 2012, or other tax year beginning , 2012, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number
THELBERT **D MORGAN**

If a joint return, spouse's first name and initial Last name Spouse's social security number
 [Redacted] **MORGAN**

Home address (number and street). If you have a P.O. box, see instructions. Apartment no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Presidential Election Campaign**

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here .
 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse
 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax cr (see instrs)
 If more than four dependents, see instructions and check here
 d Total number of exemptions claimed 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 138,023.
 8a Taxable interest. Attach Schedule B if required. 8a 346.
 b Tax-exempt interest. Do not include on line 8a. 8b
 9a Ordinary dividends. Attach Schedule B if required. 9a
 b Qualified dividends. 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes. 10
 11 Alimony received. 11
 12 Business income or (loss). Attach Schedule C or C-EZ. 12
 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13 8,233.
 14 Other gains or (losses). Attach Form 4797. 14 5,290.
 15a IRA distributions. 15a b Taxable amount 15b
 16a Pensions and annuities. 16a b Taxable amount 16b 95,800.
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 -22,079.
 18 Farm income or (loss). Attach Schedule F. 18
 19 Unemployment compensation. 19
 20a Social security benefits. 20a b Taxable amount 20b
 21 Other income. 21
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 225,613.

Adjusted Gross Income 23 Educator expenses. 23
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24
 25 Health savings account deduction. Attach Form 8889. 25
 26 Moving expenses. Attach Form 3903. 26
 27 Deductible part of self-employment tax. Attach Schedule SE. 27
 28 Self-employed SEP, SIMPLE, and qualified plans. 28
 29 Self-employed health insurance deduction. 29
 30 Penalty on early withdrawal of savings. 30
 31a Alimony paid b Recipient's SSN. 31a
 32 IRA deduction. 32
 33 Student loan interest deduction. 33
 34 Tuition and fees. Attach Form 8917. 34
 35 Domestic production activities deduction. Attach Form 8903. 35
 36 Add lines 23 through 35. 36
 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 225,613.

Tax and Credits 38 Amount from line 37 (adjusted gross income) 38 225,613.
39 a Check [] You were born before January 2, 1948, [] Blind. Total boxes
if: [] Spouse was born before January 2, 1948, [] Blind. checked 39 a []
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39 b []

Standard Deduction for -
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,950
Married filing jointly or Qualifying widow(er), \$11,900
Head of household, \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 23,421.
41 Subtract line 40 from line 38 41 202,192.
42 Exemptions. Multiply \$3,800 by the number on line 6d. 42 7,600.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 194,592.
44 Tax (see instrs). Check if any from: a [] Form(s) 8814 c [] 962 election
b [] Form 4972 44 42,018.
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46 42,018.
47 Foreign tax credit. Attach Form 1116 if required. 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 19 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit. Attach Schedule 8812, if required. 51
52 Residential energy credits. Attach Form 5695 52
53 Other crs from Form: a [] 3800 b [] 8801 c [] 53
54 Add lines 47 through 53. These are your total credits. 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 42,018.

Other Taxes 56 Self-employment tax. Attach Schedule SE 56
57 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59 a Household employment taxes from Schedule H 59 a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59 b
60 Other taxes. Enter code(s) from instructions 60
61 Add lines 55-60. This is your total tax 61 42,018.

Payments 62 Federal income tax withheld from Forms W-2 and 1099 62 43,526.
63 2012 estimated tax payments and amount applied from 2011 return 63
64 a Earned income credit (EIC) 64 a
b Nontaxable combat pay election 64 b
65 Additional child tax credit. Attach Schedule 8812 65
66 American opportunity credit from Form 8863, line 8 66
67 Reserved 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a [] 2439 b [] Reserved c [] 8801 d [] 8885 71
72 Add lns 62, 63, 64a, & 65-71. These are your total pmts 72 43,526.

Refund 73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid. 73 1,508.
74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. 74 a 1,508.
b Routing number [REDACTED] c Type: [X] Checking [] Savings
d Account number [REDACTED]
Direct deposit? See instructions.

Amount You Owe 75 Amount of line 73 you want applied to your 2013 estimated tax 75
76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions. 76
77 Estimated tax penalty (see instructions) 77

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [X] No
Designee's name [REDACTED] Phone no. [REDACTED] Personal identification number (PIN) [REDACTED]

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature [REDACTED] Date [REDACTED] Your occupation ESC CTNY SHERIFF Daytime phone number [REDACTED]
Spouse's signature. If a joint return, both must sign. [REDACTED] Date [REDACTED] Spouse's occupation RETIRED USAF If the IRS sent you an Identity Protection PIN, enter it here (see instrs) [REDACTED]

Paid Preparer Use Only Print/Type preparer's name MEL BANKESTER Preparer's signature MEL BANKESTER Date 04/13/2013 Check [] if self-employed PTIN [REDACTED]
Firm's name TANNER TAX SERVICE
Firm's address 2400 W MICHIGAN AVE SUITE 12 PENSACOLA FL 32526 Firm's EIN [REDACTED] Phone no. [REDACTED]

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2012

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at www.irs.gov/form1040.
► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

THELBERT D & [REDACTED] MORGAN

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	9,383.
	2	Enter amount from Form 1040, line 38	2	225,613.
	3	Multiply line 2 by 7.5% (.075)	3	16,921.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local (check only one box):		5	2,165.
	a	<input type="checkbox"/> Income taxes, or		
	b	<input checked="" type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	5,773.
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8	9	7,938.
	Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	11	
12		Points not reported to you on Form 1098. See instrs for spl rules	12	
13		Mortgage insurance premiums (see instructions)	13	
14		Investment interest. Attach Form 4952 if required. (See instrs.)	14	
15		Add lines 10 through 14	15	11,688.
Gifts to Charity		16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	3,795.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21	3,247.
		See Line 21 statement - Unreimbursed employee expenses		
	22	Tax preparation fees	22	
	23	Other expenses — investment, safe deposit box, etc. List type and amount ►	23	
	24	Add lines 21 through 23	24	3,247.
	25	Enter amount from Form 1040, line 38	25	225,613.
	26	Multiply line 25 by 2% (.02)	26	4,512.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.	
Other Miscellaneous Deductions	28	Other — from list in instructions. List type and amount ►	28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	23,421.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1040.
▶ **Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.**

Attachment
Sequence No. **12**

Name(s) shown on return

THELBERT D & [REDACTED] MORGAN

Your social security number

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I				
2 Short-term totals from all Forms 8949 with box B checked in Part I				
3 Short-term totals from all Forms 8949 with box C checked in Part I				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h). If you have any long-term capital gain or losses, go to Part II below. Otherwise, go to Part III on page 2				7

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II				
9 Long-term totals from all Forms 8949 with box B checked in Part II				
10 Long-term totals from all Forms 8949 with box C checked in Part II				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 8,233.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See instrs				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on page 2				15 8,233.

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

Schedule D (Form 1040) 2012

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result.....</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22. 	16	8,233.
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions.....</p>	18	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions.....</p>	19	8,233.
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.</p> <p><input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)
▶ Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

THELBERT D & [REDACTED] MORGAN

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 or C-EZ (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 2012 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

1 a	Physical address of each property (street, city, state, ZIP code)					
A	6904 CORRYDALE DR, PENSACOLA, FL 32505					
B	12 CROW RD, PENSACOLA, FL 32505					
C	8 CROW RD, Pensacola, FL 32506					
1 b	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	1		A	365	0	
B	1		B	365	0	
C	1		C	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
3 Rents received	3		6,183.	4,342.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6	366.	366.	366.
7 Cleaning and maintenance	7			
8 Commissions	8		618.	440.
9 Insurance	9		871.	754.
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,570.	2,387.	2,456.
15 Supplies	15			
16 Taxes	16	461.	546.	551.
17 Utilities	17	338.		195.
18 Depreciation expense or depletion	18	952.	1,872.	2,356.
19 Other (list) ▶ See Line 19 Other Expenses	19	541.	741.	741.
20 Total expenses. Add lines 5 through 19.....	20	4,228.	7,401.	7,859.
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	-4,228.	-1,218.	-3,517.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	-4,228.	-1,218.	-3,517.
23 a Total of all amounts reported on line 3 for all rental properties.....	23 a		50,726.	
b Total of all amounts reported on line 4 for all royalty properties.....	23 b			
c Total of all amounts reported on line 12 for all properties.....	23 c		1,584.	
d Total of all amounts reported on line 18 for all properties.....	23 d		22,870.	
e Total of all amounts reported on line 20 for all properties.....	23 e		72,805.	
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			-22,079.
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 Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	NPA	-22,079.	-22,079.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc)
▶ Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

2012

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040

Name(s) shown on return

Your social security number

THELBERT D & [REDACTED] MORGAN

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 or C-EZ (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 2012 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

1 a	Physical address of each property (street, city, state, ZIP code)				
A	2804 DONLEY ST, PENSACOLA, FL 32505				
B	20 CROW RD, PENSACOLA, FL 32526				
C	24 CROW RD, Pensacola, FL 32506				
1 b	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 if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	
B	1		365	0	
C	1		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
3 Rents received	3	4,091.	7,384.	6,225.
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6	366.	366.	366.
7 Cleaning and maintenance	7			
8 Commissions	8	409.	754.	
9 Insurance	9	722.	851.	851.
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc (see instructions)	12			
13 Other interest	13			
14 Repairs	14	454.	6,235.	2,548.
15 Supplies	15			
16 Taxes	16	559.	501.	489.
17 Utilities	17	289.	2,722.	
18 Depreciation expense or depletion	18	2,182.	1,556.	1,549.
19 Other (list) ▶ See Line 19 Other Expenses	19	541.	1,227.	541.
20 Total expenses. Add lines 5 through 19	20	5,522.	14,212.	6,344.
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	-1,431.	-6,828.	-119.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	-1,431.	-6,828.	-119.
23 a Total of all amounts reported on line 3 for all rental properties	23 a			
b Total of all amounts reported on line 4 for all royalty properties	23 b			
c Total of all amounts reported on line 12 for all properties	23 c			
d Total of all amounts reported on line 18 for all properties	23 d			
e Total of all amounts reported on line 20 for all properties	23 e			
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 Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)
▶ Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

2012

Attachment Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040

Name(s) shown on return

Your social security number

THELBERT D & [REDACTED] MORGAN

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 or C-EZ (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 2012 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

1 a Physical address of each property (street, city, state, ZIP code)
A 5051 GRANDE DR, PENSACOLA, FL 32503
B 5051 GRANDE DRIVE #D-3, PENSACOLA, FL 32503
C

1 b 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	B	A	B	
A 1		365		0		
B 1		365		0		
C						

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	9,803.	12,698.	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6	366.	366.	
7 Cleaning and maintenance	7			
8 Commissions	8	908.	1,180.	
9 Insurance	9	751.	749.	
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc (see instructions)	12		1,584.	
13 Other interest	13			
14 Repairs	14	682.	519.	
15 Supplies	15			
16 Taxes	16	1,911.	2,125.	
17 Utilities	17	11.	82.	
18 Depreciation expense or depletion	18	6,727.	5,676.	
19 Other (list) ▶ See Line 19 Other Expenses	19	1,801.	1,801.	
20 Total expenses. Add lines 5 through 19.	20	13,157.	14,082.	
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	-3,354.	-1,384.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	-3,354.	-1,384.	
23 a Total of all amounts reported on line 3 for all rental properties.	23 a			
b Total of all amounts reported on line 4 for all royalty properties	23 b			
c Total of all amounts reported on line 12 for all properties.	23 c			
d Total of all amounts reported on line 18 for all properties.	23 d			
e Total of all amounts reported on line 20 for all properties.	23 e			
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 Form 1040, line 17, or Form 1040NR, line 18. 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 Page 1.

Your social security number

THELBERT D & MORGAN

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 from an at-risk activity for which any amount is not at risk, you must check the box in column (e) 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? Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes sub-totals and lines 30-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes sub-totals and lines 35-37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes line 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Includes lines 40-43.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 Attach to your tax return.

Department of the Treasury
Internal Revenue Service

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name(s) shown on return

THELBERT D & [REDACTED] MORGAN

Identifying number

[REDACTED]

1 Enter the gross proceeds from sales or exchanges reported to you for 2012 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft – Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

- 3** Gain, if any, from Form 4684, line 39. **3**
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37. **4**
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824. **5**
- 6** Gain, if any, from line 32, from other than casualty or theft. **6** 13,523.
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** 13,523.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years (see instructions) **8** 5,290.
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions). **9** 8,233.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

(a) Description of property	(b) Date acquired	(c) Date sold	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss)

- 11** Loss, if any, from line 7. **11**
- 12** Gain, if any, from line 7 or amount from line 8, if applicable. **12** 5,290.
- 13** Gain, if any, from line 31. **13** 0.
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a. **14**
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36. **15**
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824. **16**
- 17** Combine lines 10 through 16. **17** 5,290.
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:
 - a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from 'Form 4797, line 18a.' See instructions. **18 a**
 - b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14. **18 b** 5,290.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)
A 6904 CORRYDALE DR	01/18/2002	06/01/2012
B		
C		
D		

These columns relate to the properties on lines 19A through 19D	Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing).....	20 64,000.			
21 Cost or other basis plus expense of sale.....	21 69,032.			
22 Depreciation (or depletion) allowed or allowable.....	22 18,555.			
23 Adjusted basis. Subtract line 22 from line 21.....	23 50,477.			
24 Total gain. Subtract line 23 from line 20.....	24 13,523.			
25 If section 1245 property:				
a Depreciation allowed or allowable from line 22.....	25a			
b Enter the smaller of line 24 or 25a.....	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a Additional depreciation after 1975 (see instrs).....	26a 0.			
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions).....	26b			
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e.....	26c 13,523.			
d Additional depreciation after 1969 & before 1976.....	26d			
e Enter the smaller of line 26c or 26d.....	26e			
f Section 291 amount (corporations only).....	26f			
g Add lines 26b, 26e, and 26f.....	26g 0.			
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
a Soil, water, and land clearing expenses.....	27a			
b Line 27a multiplied by applicable percentage (see instructions).....	27b			
c Enter the smaller of line 24 or 27b.....	27c			
28 If section 1254 property:				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions).....	28a			
b Enter the smaller of line 24 or 28a.....	28b			
29 If section 1255 property:				
a Applicable percentage of payments excluded from income under section 126 (see instructions).....	29a			
b Enter the smaller of line 24 or 29a (see instrs).....	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24.....	30	13,523.
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13.....	31	0.
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6.....	32	13,523.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years.....	33	
34 Recomputed depreciation (see instructions).....	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report.....	35	

Tax History Report

2012

► Keep for your records

Name(s) Shown on Return

THELBERT D & [REDACTED] MORGAN

	Five Year Tax History:				
	2008	2009	2010	2011	2012
Filing status	MFJ	MFJ	MFJ	MFJ	MFJ
Total income	37,300.	197,235.	184,373.	193,398.	225,613.
Adjustments to income					
Adjusted gross income	37,300.	197,235.	184,373.	193,398.	225,613.
Tax expense	2,369.	9,214.	8,317.	7,905.	7,938.
Interest expense	1,498.	19,977.	17,108.	13,260.	11,688.
Contributions	3,965.	4,495.	5,630.	4,887.	3,795.
Miscellaneous deductions	1,208.	12,084.	2,733.	1,365.	0.
Other itemized deductions					0.
Total itemized/standard deduction...	11,900.	45,466.	33,788.	27,417.	23,421.
Exemption amount	7,000.	7,300.	7,300.	7,400.	7,600.
Taxable income	18,400.	144,469.	143,285.	158,581.	194,592.
Tax	1,961.	28,715.	27,967.	32,472.	42,018.
Alternative minimum tax					
Total credits					
Other taxes					
Payments	2,885.	25,790.	26,488.	31,626.	43,526.
Form 2210 penalty					
Amount owed		2,925.	1,479.	846.	
Applied to next year's estimated tax					
Refund	924.				1,508.
Effective tax rate %	5.26	14.56	15.11	16.79	18.62
**Tax bracket %	15	28	28	28	28

**Tax bracket % is based on Taxable income.

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet

A Tax 42,018.

Check if from:

1 Tax table		
2 Tax Computation Worksheet (see instructions)		
3 Schedule D Tax Worksheet	X	
4 Qualified Dividends and Capital Gain Tax Worksheet		
5 Schedule J		
6 Form 8615		
7 Foreign Earned Income Tax Worksheet		

B Additional tax from Form 8814

C Additional tax from Form 4972

D Tax from additional Form(s) 4972

E Recapture tax from Form 8863

F IRC Section 197(f)(9)(B)(ii) election for an additional tax

G Tax. Add lines A through F. Enter the result here and on line 44 42,018.

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

A Income from Form 1040, line 38 225,613.

B Nontaxable income entered elsewhere on return 0.

C Available income: 2011 refundable credits in excess of tax 0.

D Enter any additional nontaxable income

E Total available income for sales taxes 225,613.

F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a). If AZ, CO, NJ, NY, SC or WV in column (a):

QuickZoom to Misc Global Options to enter default locality

or Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
FL	01/01/12	12/31/12	7.5000	6.0000	1.5000	1,732.	433.	2,165.

Total general sales taxes from table 2,165.

H Enter additions to table amount (motor vehicle, boat)

I Total sales taxes from table plus additions to table amount 2,165.

J Enter actual sales taxes paid (in lieu of table amount)

K Total income taxes paid

Schedule A

Line 21 statement - Unreimbursed employee expenses

SUPPLIES	370.
GENERATOR	350.
DUES AND MEMBERSHIPS	438.
ENTERTAINMENT	2,089.
Total	<u>3,247.</u>

Supplemental Income and Loss - Schedule E, Copy 1

Line 19 Other Expenses

Other expenses (list)			
OFFICE EXP	541.		
SOLD 06/01/12	0.		
OFFICE EXPENSE		541.	541.
LAWN CARE		200.	200.
Total	<u>541.</u>	<u>741.</u>	<u>741.</u>

Supplemental Income and Loss - Schedule E, Copy 2

Line 19 Other Expenses

Other expenses (list)			
OFFICE EXPENSE	541.	541.	541.
LAWN CARE		200.	
MISC		486.	
Total	<u>541.</u>	<u>1,227.</u>	<u>541.</u>

Supplemental Income and Loss - Schedule E, Copy 3

Line 19 Other Expenses

Other expenses (list)			
HOMEOWNERS ASSN	1,260.		
OFFICE EXPENSE	541.	541.	
HOME OWNERS ASSOC		1,260.	
Total	<u>1,801.</u>	<u>1,801.</u>	

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

Mortgage Interest and Points Smart Worksheet

A Enter a description and an amount for fully deductible mortgage interest and points. Check the box if the mortgage was sold to another lender, or the mortgage has been paid off; the lender's name will **not** transfer to next year's return.

Check the box if the mortgage interest and/or points are **not** reported on Form 1098.

Note: When the points must be deducted over the life of the loan, enter this information on the Other Points Smart Worksheet.

If the interest deduction may be limited, enter all information on the Deductible Home Mortgage Interest Worksheet instead.

QuickZoom to Deductible Home Mortgage Interest Worksheet

Lender's Name/Description	Deductible Mortgage Interest	Fully Deductible Points	Paid Off	Not on Form 1098
CITIMORTGAGE			<input type="checkbox"/>	<input type="checkbox"/>
WELLS FARGO	11,688.		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

A Adjust Home mortgage interest and points reported on Form 1098:

- 1 Total home mortgage interest and points from 1098's from detail. 11,688.
- 2 Enter amount to deduct on Line 10 if different.

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

Cash Contributions Smart Worksheet

A Miles driven for charitable purposes:

1 All miles for:

a To perform charitable service

b To deliver noncash contributions

c Total. Add lines a and b

B Cash contributions, enter name of charity, type of charity, and amount:

Name of charity	Type	Amount
ALL SAINTS PARISH		1,400.
YOUTH REACH		225.
YOUTH REACH HOUSTON		450.
FLORIDA SHERRIFF'S ASSN		600.
OTHER		1,120.

C Print cash contribution detail with filing copy? Yes

SMART WORKSHEET FOR: Schedule D: Capital Gains & Losses

Capital Gains and Losses Smart Worksheet

Enter sales of capital assets in the expanding table below. See Tax Help for additional information. For more complex situations such as reporting Multiple Purchase Lots, Sales of Employer Stock, certain Inherited Property, etc., use the Capital Gain Transaction Worksheet

Transaction Number
A1 Is this sale reported to you on Form 1099-B or equivalent statement?
2 If so, is Box 6a marked (i.e., is this the sale of a noncovered security)?
3 If so, is Box 6b marked (i.e., is the basis amount reported to the IRS)?
4 If so, select type of gain (loss) indicated in Box 1c, if any
5 If necessary, enter corrected type of gain or loss
B1 Brokerage house (optional)
2 Account number (optional)
C Description of property (company name, if stock)
D Number of shares (if applicable)
E1 Date acquired
2 Date sold
F1 Type of transaction
2 Property ownership
G Holding period
H1 Sales price
2 Sales expense (if applicable)
I1 Cost or other basis
2 Corrected basis (if applicable)
J Wash sale loss disallowed
K Adjusted gain (loss)
L Federal tax withheld (if any)
M1 State
2 State ID
3 State tax withheld

Transaction Number
A1 Is this sale reported to you on Form 1099-B or equivalent statement?
2 If so, is Box 6a marked (i.e., is this the sale of a noncovered security)?
3 If so, is Box 6b marked (i.e., is the basis amount reported to the IRS)?
4 If so, select type of gain (loss) indicated in Box 1c, if any
5 If necessary, enter corrected type of gain or loss
B1 Brokerage house (optional)
2 Account number (optional)
C Description of property (company name, if stock)
D Number of shares (if applicable)
E1 Date acquired
2 Date sold
F1 Type of transaction
2 Property ownership
G Holding period
H1 Sales price
2 Sales expense (if applicable)
I1 Cost or other basis
2 Corrected basis (if applicable)
J Wash sale loss disallowed
K Adjusted gain (loss)
L Federal tax withheld (if any)
M1 State
2 State ID
3 State tax withheld

Miscellaneous Options

- A Are one or more statements describing stock sale details being attached to Form 8949 instead of providing those details on the form?
B Sort sales by date sold in Parts I and II?

IRS e-file Signature Authorization

Department of the Treasury Internal Revenue Service

Do not send to the IRS. This is not a tax return. Keep this form for your records.

2012

Declaration Control Number (DCN) 00-595234-00939-3

Taxpayer's name THELBERT D MORGAN Spouse's name MORGAN Social security number [redacted]

Part I Tax Return Information - Tax Year Ending December 31, 2012 (Whole Dollars Only)

Table with 5 rows: 1 Adjusted gross income (225,613), 2 Total tax (42,018), 3 Federal income tax withheld (43,526), 4 Refund (1,508), 5 Amount you owe

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, 2012, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize TANNER TAX SERVICE to enter or generate my PIN as my signature on my tax year 2012 electronically filed income tax return.

Your signature Date

Spouse's PIN: check one box only

I authorize TANNER TAX SERVICE to enter or generate my PIN as my signature on my tax year 2012 electronically filed income tax return.

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

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's signature Date 04/13/13

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

1 Gross distribution \$ 35594.00
 2a Taxable amount \$ 35594.00
 2b Total distribution

4 Federal income tax withheld \$ 3254.10
 9 Your percentage of total distribution %
 12 State tax withheld \$

13 State/Payer's state no. %
 OMB No. 1545-0119
 2012
 Distributions From Pensions, Annuities, Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Form 1099-R
 Copy C
 For Recipient's Records.
 This information is being furnished to the Internal Revenue Service.
 Keep this copy for your records.

Department of the Treasury - Internal Revenue Service 0142

Control Number RET0531777 CORRECTED (if checked) 12/11/12

PAYER'S name, street address, city, state, and ZIP code
 DEFENSE FINANCE AND ACCOUNTING SERVICE
 US MILITARY RETIREMENT PAY
 PO BOX 7130
 LONDON KY 40742-7130

PAYER'S Federal identification number
 RECIPIENT'S identification number
 RECIPIENT'S name, street address, city, state, and ZIP code

1 Gross distribution \$ 60206.30
 2a Taxable amount \$ 60206.30
 2b Total distribution

4 Federal income tax withheld \$ 6945.97
 9 Your percentage of total distribution %
 12 State tax withheld \$

13 State/Payer's state no. %
 OMB No. 1545-0119
 2012
 Distributions From Pensions, Annuities, Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Form 1099-R
 Copy C
 For Recipient's Records.
 This information is being furnished to the Internal Revenue Service.
 Keep this copy for your records.

Department of the Treasury - Internal Revenue Service 4128

1 Employer's name and federal EIN MORGAN		2 Employer's state ID number 		3 Employer's address and ZIP code 		4 Employee's social security number 		5 Call the SSA (800-544-2547) if you are not sure if the information is correct. You may be required to provide additional information.	
6 Employer's name and federal EIN 		7 Employer's state ID number 		8 Employer's address and ZIP code 		9 Employee's social security number 		10 This information is being furnished to the Internal Revenue Service. If you are not sure if the information is correct, you may be required to provide additional information.	
11 Wages, tips, other compensation 4721.19		12 Social security wages 0.00		13 Medicare wages and tips 5104.00		14 Social security tips 0.00		15 Federal income tax withheld 0.00	
16 Unemployment compensation 0.00		17 State income tax 		18 Other wages, tips, etc. 		19 Local income tax 		20 State income tax 	
21 Total wages, tips, etc. 4721.19		22 Total state income tax 		23 Total other income 		24 Total federal income tax 		25 Total state income tax 	
26 Total income 		27 Total federal income tax 		28 Total state income tax 		29 Total other income 		30 Total income tax 	

W-2 Wage and Tax Statement

2012

Form W-2 Wage and Tax Statement
 Copy C - For EMPLOYER'S RECORDS (See Instructions for Employers on the back of Copy B)



W-2 Wages and Tax Statement
2012

Form 941
Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).

c Employer's name, address, and ZIP code
COUNTY OF ESCAMBIA
OFFICE OF SHERIFF
PENSACOLA, FL 32523

e Employee's name, address, and ZIP code
THELBERT DAVID MORGAN

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
		00	00	00	00	

7 Social security tips	OMB No. 1545-0008	1333302.43	33325.63
8 Allocated tips		.00	
5 Medicare wages and tips		137455.02	1993.08
10 Dependent care benefits		.00	
12a See instruction for box 12	12b	.00	12c
DD	156.96	.00	
12d			
13 Statutory Retirement plan X Third-party emp. sick-pay			966.2
b Employer identification number	a Employee's social security no.		4152.5
59-6000601			
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a reference penalty or other sanction may be imposed on you if this document is taxable and you fail to report it.			

W-2 Wages and Tax Statement
2012

Form 941
Copy 2 To Be Filed with Employer's State, City, or Local Income Tax Return.

c Employer's name, address, and ZIP code
COUNTY OF ESCAMBIA
OFFICE OF SHERIFF
PENSACOLA, FL 32523

e Employee's name, address, and ZIP code
THELBERT DAVID MORGAN

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
		00	00	00	00	

7 Social security tips	OMB No. 1545-0008	1333302.43	33325.63
8 Allocated tips		.00	
5 Medicare wages and tips		137455.02	1993.08
10 Dependent care benefits		.00	
12a See instruction for box 12	12b	.00	12c
DD	156.96	.00	
12d			
13 Statutory Retirement plan X Third-party emp. sick-pay			966.2
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W-2 Wages and Tax Statement
2012

Form 941
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c Employer's name, address, and ZIP code
COUNTY OF ESCAMBIA
OFFICE OF SHERIFF
PENSACOLA, FL 32523

e Employee's name, address, and ZIP code
THELBERT DAVID MORGAN

15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
		00	00	00	00	

7 Social security tips	OMB No. 1545-0008	1333302.43	33325.63
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59-6000601			
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a reference penalty or other sanction may be imposed on you if this document is taxable and you fail to report it.			

Form **W-2** Wage and Tax Statement
 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

2012

OMB No. 1545-0008

c. Employer's name, address, and ZIP code		7 Social security tips		3 Social security wages		4 Social security tax withheld	
[REDACTED]		8 Allocated tips		5 Medicare wages and tips		6 Medicare tax withheld	
		9		10 Dependent care benefits		11 Nonqualified plans	
		12a See instructions for box 12		12b		12c	
e. Employee's name, address, and ZIP code		12d		13 Statutory emp Retirement plan Third-party sick pay		14 Other	
[REDACTED] MORGAN				X		401A 382.81	
b. Employer identification number (EIN)		a. Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
[REDACTED]		[REDACTED]					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement
 Copy 2 - To Be Filled With Employee's State, City, or Local Income Tax Return.

2012

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

c. Employer's name, address, and ZIP code		1 Wages, tips, other compensation		2 Federal income tax withheld		3 Social security wages		4 Social security tax withheld	
[REDACTED]		7 Social security tips		5 Medicare wages and tips		6 Medicare tax withheld		11 Nonqualified plans	
		8 Allocated tips		10 Dependent care benefits		12c			
		9		12a		12b		12c	
e. Employee's name, address, and ZIP code		12d		13 Statutory emp Retirement plan Third-party sick pay		14 Other			
[REDACTED] MORGAN				X		401A 382.81			
b. Employer identification number (EIN)		a. Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
[REDACTED]		[REDACTED]							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
								20 Locality name	

Form **W-2** Wage and Tax Statement
 Copy 2 - To Be Filled With Employee's State, City, or Local Income Tax Return.

2012

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

c. Employer's name, address, and ZIP code		1 Wages, tips, other compensation		2 Federal income tax withheld		3 Social security wages		4 Social security tax withheld	
[REDACTED]		7 Social security tips		5 Medicare wages and tips		6 Medicare tax withheld		11 Nonqualified plans	
		8 Allocated tips		10 Dependent care benefits		12c			
		9		12a		12b		12c	
e. Employee's name, address, and ZIP code		12d		13 Statutory emp Retirement plan Third-party sick pay		14 Other			
[REDACTED] MORGAN				X		401A 382.81			
b. Employer identification number (EIN)		a. Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
[REDACTED]		[REDACTED]							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
								20 Locality name	