

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

226091

FLORIDA COMMISSION ON ETHICS

MAY 27 2015

RECEIVED

CONFIDENTIAL

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:  
 MORGAN THELBERT DAVID

MAILING ADDRESS:  
 1700 W. LEONARD ST  
 P.O. BOX 18770

CITY: Pensacola ZIP: 32523-8770 COUNTY: ESCAMBIA

NAME OF AGENCY:  
 ESCAMBIA COUNTY Sheriff's Office

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
 Sheriff (Incumbent) #226091

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2014. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 2014 was \$ 1,059,900.51

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 \$ 145,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:		VALUE OF ASSET
DESCRIPTION OF ASSET (specific description is required - see instructions p.4)		
#8 CROW RD Pns FL 32506	Rental Property	\$32,223.00
#12 CROW RD Pns FL 32506	Rental Property	\$32,579.00
#20 CROW RD Pns FL 32506	Rental Property	\$28,238.00
#24 CROW RD Pns FL 32506	Rental Property	\$29,077.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
[REDACTED] (RESIDENCE) Mortgage	\$92,614.49
Navy Federal Credit Union	
P.O. Box 3302	
Merrifield, VA 22119-3302	

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 2014 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 2014 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2014 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
<i>NONE</i>		

**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
<i>NONE</i>			

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>NONE</i>		
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**

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, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 20 day of

May, 2015 by  
*Carissa L. Mitchell*  
 (Signature of Notary Public--State of Florida)



**CARISSA L. MITCHELL**  
 MY COMMISSION # EE 185057  
 EXPIRES: April 1, 2016  
 Bonded Thru Budget Notary Services

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

Personally Known  OR Produced Identification \_\_\_\_\_

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

*[Signature]*  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

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

\_\_\_\_\_  
 Signature Date

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

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

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

[REDACTED]	Residence	\$395,140.00
#5051 Grande Dr., Unit I-7, Pns, FL 32503	Rental Property	\$124,412.00
#5051 Grande Dr., Unit D-3, Pns, FL 32503	Rental Property	\$138,595.00
#2804 Donley St., Pns, FL 32526	Rental Property	\$ 34,751.00
Money Market Savings		\$ 186,000.00
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.)		\$ 1,500.00

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*No OTHER*

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning \_\_\_\_\_, 2014, ending \_\_\_\_\_, 20

Your first name and initial: **THELBERT D** Last name: **MORGAN** Your social security number: [REDACTED]

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

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]

Foreign country name: [REDACTED] Foreign province/state/country: [REDACTED] Foreign postal code: [REDACTED]

▲ Make sure the SSN(s) above and on line 6c are correct.  You  Spouse

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶ \_\_\_\_\_

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. ▶ \_\_\_\_\_

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed . . . . . **2**

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:  
• lived with you  
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **2**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	149,923.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	439.
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). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	-24,304.
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	103,340.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	-9,342.
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	17,028.
b	Taxable amount . . . . .	20b	14,474.
21	Other income. List type and amount <u>Personal Property Rents from box 1 of 1099-Misc</u> . . . . .	21	4,728.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	239,258.

**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	239,258.

	38	Amount from line 37 (adjusted gross income)	38	239,258.
<b>Tax and Credits</b>	39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
<b>Standard Deduction for—</b> • 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, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	21,320.
	41	Subtract line 40 from line 38	41	217,938.
	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	7,900.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	210,038.
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	46,058.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	46,058.
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55		
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	46,058.	
<b>Other Taxes</b>	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	46,058.	
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	47,049.
	65	2014 estimated tax payments and amount applied from 2013 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input checked="" type="checkbox"/> Reserved d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	47,049.	
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	991.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	991.
	b	Routing number		
Direct deposit? See instructions.	d	Account number		
77	Amount of line 75 you want applied to your 2015 estimated tax ▶ 77	77		
<b>Amount You Owe</b>	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
	79	Estimated tax penalty (see instructions)	79	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation \_\_\_\_\_ Daytime phone number \_\_\_\_\_  
 ESC CTNY SHERIFF

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_ If the IRS sent you an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_  
 RETIRED USAF

**Print/Type preparer's name** Preparer's signature Date Check  if self-employed PTIN

MEL BANKESTER MEL BANKESTER 04/09/2015

Firm's name ▶ TANNER TAX SERVICE Firm's EIN ▶ 59-2647944

Firm's address ▶ 2400 W MICHIGAN AVE SUITE 12 PENSACOLA FL 32526 Phone no. \_\_\_\_\_

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2014**

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/schedulea](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

THELBERT D & [REDACTED] MORGAN

[REDACTED]

**Caution.** Do not include expenses reimbursed or paid by others.

<b>Medical and Dental Expenses</b>	<b>1</b> Medical and dental expenses (see instructions) . . . . .	<b>1</b>	834.	<b>4</b>	0.
	<b>2</b> Enter amount from Form 1040, line 38 <b>2</b> 239,258.	<b>2</b>			
	<b>3</b> Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	<b>3</b>	23,926.		
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>			

<b>Taxes You Paid</b>	<b>5</b> State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	<b>5</b>	2,055.	<b>9</b>	7,899.
	<b>6</b> Real estate taxes (see instructions) . . . . .	<b>6</b>	5,844.		
	<b>7</b> Personal property taxes . . . . .	<b>7</b>			
	<b>8</b> Other taxes. List type and amount ►	<b>8</b>			
	<b>9</b> Add lines 5 through 8 . . . . .	<b>9</b>			

<b>Interest You Paid</b>	<b>10</b> Home mortgage interest and points reported to you on Form 1098	<b>10</b>	4,255.	<b>15</b>	4,255.
	<b>11</b> 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 no., and address ►	<b>11</b>			
	<b>12</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>			
	<b>13</b> Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>			
	<b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)	<b>14</b>			
	<b>15</b> Add lines 10 through 14 . . . . .	<b>15</b>			

<b>Gifts to Charity</b>	<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>16</b>	4,640.	<b>19</b>	4,640.
	<b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>17</b>			
	<b>18</b> Carryover from prior year . . . . .	<b>18</b>			
	<b>19</b> Add lines 16 through 18 . . . . .	<b>19</b>			

<b>Casualty and Theft Losses</b>	<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	<b>20</b>	
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<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b> Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► See Schedule A, Line 21 Statement	<b>21</b>	9,036.	<b>27</b>	4,526.
	<b>22</b> Tax preparation fees . . . . .	<b>22</b>	275.		
	<b>23</b> Other expenses—investment, safe deposit box, etc. List type and amount ►	<b>23</b>			
	<b>24</b> Add lines 21 through 23 . . . . .	<b>24</b>	9,311.		
	<b>25</b> Enter amount from Form 1040, line 38 <b>25</b> 239,258.	<b>25</b>			
	<b>26</b> Multiply line 25 by 2% (.02) . . . . .	<b>26</b>	4,785.		
	<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<b>27</b>			

<b>Other Miscellaneous Deductions</b>	<b>28</b> Other—from list in instructions. List type and amount ►	<b>28</b>	
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<b>Total Itemized Deductions</b>	<b>29</b> Is Form 1040, line 38, over \$152,525? <input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	<b>29</b>	21,320.
	<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .	<b>30</b>	<input type="checkbox"/>

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **13**

Name(s) shown on return

THELBERT D & [REDACTED] MORGAN

Your social security number

**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 2014 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>	12 CROW RD PENSACOLA FL 32505				
<b>B</b>	8 CROW RD Pensacola FL 32506				
<b>C</b>	2804 DONLEY ST PENSACOLA FL 32505				
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>	1		<b>B</b> 365	0	<input type="checkbox"/>
<b>C</b>	1		<b>C</b> 365	0	<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
<b>3</b> Rents received . . . . .	<b>3</b>	3,344.	5,155.	6,839.
<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>	348.	348.	348.
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>	348.	499.	986.
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>	75.	460.	
<b>11</b> Management fees . . . . .	<b>11</b>	668.	668.	668.
<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>	1,314.	999.	533.
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	896.	551.	583.
<b>17</b> Utilities. . . . .	<b>17</b>		118.	
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>	1,746.	2,167.	2,182.
<b>19</b> Other (list) ▶ See Line 19 Other Expenses . . . . .	<b>19</b>	716.	773.	428.
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	6,111.	6,583.	5,728.
<b>21</b> 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 . . . . .	<b>21</b>	-2,767.	-1,428.	1,111.
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 2,767. )	( 1,428. )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		45,893.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>		21,215.	
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		55,235.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			2,707.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>			( 12,049. )
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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. <i>NPA</i> . . . . .	<b>26</b>			-9,342.

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2014**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

Attachment  
Sequence No. **13**

Name(s) shown on return

THELBERT D & [REDACTED] MORGAN

Your social security number [REDACTED]

**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 2014 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>	20 CROW RD PENSACOLA FL 32526
<b>B</b>	24 CROW RD Pensacola FL 32506
<b>C</b>	5051 GRANDE DR UNIT I-7 PENSACOLA FL 32503

<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1		365	0	<input type="checkbox"/>
<b>B</b>	1		365	0	<input type="checkbox"/>
<b>C</b>	1		365	0	<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	4,539.	4,972.	7,844.
<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>	348.	348.	348.
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>	503.	473.	896.
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>	50.		
<b>11</b> Management fees . . . . .	<b>11</b>	668.	668.	668.
<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>	2,131.		720.
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	501.	489.	2,305.
<b>17</b> Utilities. . . . .	<b>17</b>	244.		76.
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>	1,362.	1,355.	6,727.
<b>19</b> Other (list) ▶ See Line 19 Other Expenses	<b>19</b>	876.	768.	1,814.
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	6,683.	4,101.	13,554.
<b>21</b> 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 . . . . .	<b>21</b>	-2,144.	871.	-5,710.
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( 2,144. )	( )	( 5,710. )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>			
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>			
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>			



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2014**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

Attachment  
Sequence No. **13**

Name(s) shown on return

THELBERT D & [REDACTED] MORGAN

Your social security number

**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 2014 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>	5051 GRANDE DRIVE #D-3 PENSACOLA FL 32503
<b>B</b>	
<b>C</b>	

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	B	C
A	1			365	0	<input type="checkbox"/>
B						<input type="checkbox"/>
C						<input type="checkbox"/>

**Type of Property:**

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

Income:	Properties:	A	B	C
<b>3</b> Rents received	<b>3</b>	13,200.		
<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>	348.		
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>	856.		
<b>10</b> Legal and other professional fees	<b>10</b>			
<b>11</b> Management fees	<b>11</b>	668.		
<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>	590.		
<b>15</b> Supplies	<b>15</b>			
<b>16</b> Taxes	<b>16</b>	2,523.		
<b>17</b> Utilities	<b>17</b>			
<b>18</b> Depreciation expense or depletion	<b>18</b>	5,676.		
<b>19</b> Other (list) ▶ See Line 19 Other Expenses	<b>19</b>	1,814.		
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	12,475.		
<b>21</b> 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	<b>21</b>	725.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	<b>22</b>	( )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>			
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>			
<b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses	<b>24</b>			
<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>	( )		
<b>26</b> 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.	<b>26</b>			

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

Your social security number

THELBERT D & [REDACTED] MORGAN

[REDACTED]

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, excess farm loss, 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 [X] 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. Rows A, B, C, D, 29a Totals, 29b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. 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. Rows A, B, 34a Totals, 34b Totals, 35, 36, 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. Rows 38, 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.  
▶ Information about Form 4797 and its separate instructions is at [www.irs.gov/form4797](http://www.irs.gov/form4797).

Attachment  
Sequence No. 27

Name(s) shown on return

THELBERT D & [REDACTED] MORGAN

Identifying number

1 Enter the gross proceeds from sales or exchanges reported to you for 2014 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 (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(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)	
	12 CROW RD	08/10/2005	11/14/2014	29,000.	10,635.	45,253.	-5,618.	
	8 CROW RD	01/19/2006	11/14/2014	33,000.	18,561.	65,768.	-14,207.	
	20 CROW RD	03/08/2007	11/14/2014	29,000.	11,930.	43,684.	-2,754.	
	24 CROW RD	03/08/2007	11/14/2014	29,000.	11,875.	42,600.	-1,725.	
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	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:						7	-24,304.
<b>Partnerships (except electing large partnerships) and S corporations.</b> 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. <b>Individuals, partners, S corporation shareholders, and all others.</b> 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	
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	

**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):

11	Loss, if any, from line 7						11	( 24,304. )
12	Gain, if any, from line 7 or amount from line 8, if applicable						12	
13	Gain, if any, from line 31						13	
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	-24,304.
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						18a	
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						18b	-24,304.

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		OMB No. 1545-0119 <b>2014</b> Form 1099-R		Distributions From Pensions, Annuities, Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S Federal identification number 34-0727612		RECIPIENT'S identification number [REDACTED]		1 Gross distribution \$ 36736.49 2a Taxable amount \$ 36736.49	
RECIPIENT'S name, street address, city, state, and ZIP code. THELBERT D MORGAN [REDACTED]		2b <input type="checkbox"/> Taxable amount not determined 4 Federal income tax withheld \$ 3335.48 7 Distribution code 7		Copy 2 Include this copy with your state, city, or Local income tax return, when required.	
9 Your percentage of total distribution %		12 State tax withheld \$		13 State/Payer's state no.	
RETIRED		RETIRED		This information is being furnished to the Internal Revenue Service	

Form 1099-R

Department of the Treasury - Internal Revenue Service

12/15/2014

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		OMB No. 1545-0119 <b>2014</b> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S Federal identification number [REDACTED]		RECIPIENT'S identification number [REDACTED]		1 Gross distribution \$ 66603.65 2a Taxable amount \$ 66603.65	
RECIPIENT'S name, address, and ZIP code [REDACTED] MORGAN [REDACTED]		2b <input type="checkbox"/> Taxable amount not determined 4 Federal income tax withheld \$ 7815.55 7 Distribution code 7		Copy 2 File this copy with your state, city, or local income tax return when required	
9 Your percentage of total distribution %		12 State income tax withheld \$ 0.00 13 State/Payer's state number [REDACTED]		RETIRED	
RETIRED		RETIRED		This information is being furnished to the Internal Revenue Service	

Form 1099-R

(8-99)

Department of the Treasury - Internal Revenue Service

Form **W-2** Wage and Tax Statement **2014**  
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

		Department of the Treasury—Internal Revenue Service			
		OMB No. 1545-0008			
c Employer's name, address, and ZIP code		1 Wages, tips, other compensation	2 Federal income tax withheld		
[REDACTED]		6491.65	39.81		
e Employee's name, address, and ZIP code		7 Social security tips	3 Social security wages	4 Social security tax withheld	
[REDACTED] MORGAN			0.00	0.00	
		8 Allocated tips	5 Medicare wages and tips	6 Medicare tax withheld	
			7018.00	101.79	
		9	10 Dependent care benefits	11 Nonqualified plans	
			0.00	0.00	
		12a	12b	12c	
		12d	13 Statutory emp	Retirement plan	14 Other
				X	401A 526.35
		b Employer identification number (EIN)	a Employee's social security number		
		[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** Wages and Tax Statement **2014**  
 Copy 2 To Be Filed with Employee's State, City, or Local Income Tax Return.

		16-0331690 Department of the Treasury—Internal Revenue Service			
		OMB No: 1545-0008			
c Employer's name, address, and ZIP code		1 Wages, tips, other compensation	2 Federal income tax withheld		
COUNTY OF ESCAMBIA OFFICE OF SHERIFF PENSACOLA, FL 32523		143431.37	35857.80		
e Employee's name, address, and ZIP code		7 Social security tips	3 Social security wages	4 Social security tax withheld	
THELBERT DAVID MORGAN		.00	117000.00	7254.00	
		8 Allocated tips	5 Medicare wages and tips	6 Medicare tax withheld	
		.00	147804.44	2143.16	
		10 Dependent care benefits	11 Nonqualified plans		
		.00	.00		
		12a See instruction for box 12	12b	12c	
		.00	.00	.00	
		12d	13 Statutory emp	Retirement plan	14 Other
		.00		X	FLEX 513.48
		b Employer identification number	a Employee's social security no.		RET 4373.07
		59-6000601	[REDACTED]		.00
					.00
					.00
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
		.00	.00	.00	.00
		.00	.00	.00	.00
					20 Locality name

VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CITY OF PENSACOLA P. O. BOX 12910 PENSACOLA, FL 32521-0061 (850) 435-1818		1 Rents \$ 4,728.00	OMB No. 1545-0115 <b>2014</b> Form 1099-MISC	Miscellaneous Income	
PAYER'S federal identification number 596000406	RECIPIENT'S identification number [REDACTED]	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	Copy 1 For State Tax Department
RECIPIENT'S name MORGAN, THELBERT D Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	11 [REDACTED]	12 [REDACTED]
15a Section 409A deferrals \$	15b Section 409A income \$	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	16 State tax withheld \$	17 State/Payer's state no. \$
		18 State Income \$			

Form 1099-MISC

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

LMBL

5108

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone [REDACTED] 10Z 2878901 18677		Calendar year 2014	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		OMB No. 1545-0112 <b>Statement of Recipients of Interest Income Copy B - For Recipient 2014 Form 1099-INT</b>
Recipient's identification number [REDACTED]	6 Foreign tax paid 0.00	7 Foreign country or U.S. possession	13 State	14 State identification no.	15 State Tax Withheld
PAYER'S Federal identification number [REDACTED]	3 Interest on U.S. Savings Bonds and Treas. obligations 0.00	5 Investment expenses 0.00	8 Tax-exempt interest 0.00	9 Specified private activity bond interest 0.00	Payer's RTN (optional)
RECIPIENT'S name (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code [REDACTED] 18677 I AT 0.406 0.4060 [REDACTED] MORGAN		10 Market discount 0.00	11 Bond premium 0.00	12 Tax-exempt bond CUSIP no.	
		All account(s) shown below are for the Recipient identification number shown at left.	Account Number (see instructions) 209913	1 Interest income 439.27	2 Early withdrawal penalty 0.00
				4 Federal income tax withheld 0.00	
		<b>TOTALS</b>		439.27	0.00
					0.00

Form 1099-INT

(keep for your records.)

www.irs.gov/1099int

Department of the Treasury - Internal Revenue Service