

# CONFIDENTIAL

FORM 6

FULL AND PUBLIC DISCLOSURE

2016

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

## OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

226091

FLORIDA  
COMMISSION ON ETHICS

MAY 15 2017

ID # 226091  
RECEIVED

MORGAN, Theibert DAVID

### PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:

MORGAN THELBERT DAVID

MAILING ADDRESS:

1700 W Leonard St

PO Box 18770

CITY:

ZIP:

COUNTY:

Pensacola 32523-8770 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, 2016 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 May 8, 2017 was \$ 1,208,665.00

### 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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 150,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
[REDACTED]	290,766.00
5051 Grande Dr, I-7, Pns, FL 32503	119,897.00
5051 Grande Dr, D-3 Pns, FL 32503	129,786.00
5051 Grande Dr, H-1, Pns, FL 32503	108,031.00

### PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>None</i>	

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

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

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

#5051 Grande Dr., Unit L-3, Pns, FL 32503 \$119,897.00

#2804 Donley St., Pns, FL 32526 \$ 37,788.00

Money Market Savings \$ 245,000.00

Eglin Federal Credit Union  
838 Eglin Pkwy, N.E.  
Ft. Walton Beach, FL 32547-3935

USPA IRA \$ 5,000.00

Business Equipment (computer, bookshelves, etc.) \$ 2,500.00

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*No Other*

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2016 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2016 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2016 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			
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 8 day of May, 2017 by Krystle L. Nowlin

*Dustan Nowlin*  
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Notary Public)  
**KRYSTLE L. NOWLIN**  
 MY COMMISSION # FF 143271  
 EXPIRES: July 20, 2018  
 Bonded Thru Budget Notary Services

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**

Department of the Treasury Internal Revenue Service

Don't send to the IRS. This isn't a tax return. Keep this form for your records. Information about Form 8879 and its instructions is at www.irs.gov/form8879.

2016

Submission Identification Number (SID)

Taxpayer's name: THELBERT D MORGAN. Spouse's name: MORGAN. Social security numbers and spouse's social security number fields are redacted.

Part I Tax Return Information - Tax Year Ending December 31, 2016 (Whole dollars only)

Table with 5 rows of tax return information: 1. Adjusted gross income (238,995), 2. Total tax (46,767), 3. Federal income tax withheld (39,594), 4. Refund, 5. Amount you owe (7,173).

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, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year.

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 2016 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2016 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 2016 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2016 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. 5 9 5 2 3 4 [redacted]

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's signature Date 04/10/2017

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

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning 2016, ending 20

Personal information section including name (THELBERT D MORGAN), address, and social security numbers.

Filing Status section with options for Single, Married filing jointly, Married filing separately, Head of household, and Qualifying widow(er).

Exemptions section including boxes for Yourself, Spouse, and Dependents, with a table for dependent details.

Income section with a table listing various income sources (7-22) and their taxable amounts, totaling 238,995.

Adjusted Gross Income section with a table listing deductions (23-37) and the final adjusted gross income of 238,995.

<b>Tax and Credits</b>		38	Amount from line 37 (adjusted gross income)	38	238,995.
39a		Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		1	
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>		40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17,390.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.		41	Subtract line 40 from line 38	41	221,605.
• All others: Single or Married filing separately, \$6,300		42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
Married filing jointly or Qualifying widow(er), \$12,600		43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	213,505.
Head of household, \$9,300		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	46,767.
		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	46,767.
		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	46,767.
<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	46,767.
<b>Payments</b>		64	Federal income tax withheld from Forms W-2 and 1099	64	39,594.
		65	2016 estimated tax payments and amount applied from 2015 return	65	
		66a	Earned income credit (EIC) No	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 type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
		74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	39,594.
<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	
		76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	
Direct deposit? See instructions.		b	Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d	Account number X X X X X X X X X X X X X X X X X X		
		77	Amount of line 75 you want applied to your 2017 estimated tax ▶	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	7,173.
		79	Estimated tax penalty (see instructions)	79	

**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, \$6,300
  - Married filing jointly or Qualifying widow(er), \$12,600
  - Head of household, \$9,300

If you have a qualifying child, attach Schedule EIC.

**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 accurately list all amounts and sources of income I received during the tax year. 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
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.)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
HARLAN BANKESTER	HARLAN BANKESTER	04/10/2017		
Firm's name ▶	Firm's EIN ▶		Phone no.	
TANNER TAX SERVICE	59-2647944		(850) 944-8500	
Firm's address ▶ 2400 W MICHIGAN AVE SUITE 12 PENSACOLA FL 32526				

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

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).

**2016**

Attachment  
Sequence No. **07**

► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

THELBERT D & [REDACTED] MORGAN

[REDACTED]

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.																																		
	1 Medical and dental expenses (see instructions)	1			9,486.																														
	2 Enter amount from Form 1040, line 38	2	238,995.																																
	3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3			17,925.																														
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4																																		
<b>Taxes You Paid</b>	5 State and local (check only one box):	5			2,056.																														
	a <input type="checkbox"/> Income taxes, or																																		
	b <input checked="" type="checkbox"/> General sales taxes																																		
	6 Real estate taxes (see instructions)	6			4,192.																														
	7 Personal property taxes	7																																	
	8 Other taxes. List type and amount ►	8																																	
	9 Add lines 5 through 8	9																																	
	10 Home mortgage 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 no., and address ►	11																																		
12 Points not reported to you on Form 1098. See instructions for special rules	12																																		
13 Mortgage insurance premiums (see instructions)	13																																		
14 Investment interest. Attach Form 4952 if required. (See instructions.)	14																																		
15 Add lines 10 through 14	15																																		
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16			4,953.																														
	17 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	17																																	
	18 Carryover from prior year	18																																	
19 Add lines 16 through 18	19																																		
20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20																																		
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 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	21			10,604.																														
	22 Tax preparation fees	22			365.																														
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23																																	
	24 Add lines 21 through 23	24				10,969.																													
	25 Enter amount from Form 1040, line 38	25	238,995.																																
	26 Multiply line 25 by 2% (0.02)	26				4,780.																													
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27																																		
28 Other--from list in instructions. List type and amount ►	28																																		
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$155,650?	29																																	
	<input type="checkbox"/> No. 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"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.																																		
30 If you elect to itemize deductions even though they are less than your standard deduction, check here																																			

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2016**

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 2016 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

1a	Physical address of each property (street, city, state, ZIP code)		2	Fair Rental Days	Personal Use Days	QJV	
A	B	C					
A	2804 DONLEY ST PENSACOLA FL 32505		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.	A	366	0	<input type="checkbox"/>
B	5051 GRANDE DR UNIT I-7 PENSACOLA FL 32503			B	366	0	<input type="checkbox"/>
C	5051 GRANDE DRIVE #D-3 PENSACOLA FL 32503			C	366	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)

Income:	Properties:	A	B	C
3 Rents received	3	6,960.	8,640.	14,600.
4 Royalties received	4			
<b>Expenses:</b>				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	1,034.	915.	1,034.
10 Legal and other professional fees	10			
11 Management fees	11	434.	434.	434.
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	1,070.	274.	90.
15 Supplies	15			1,600.
16 Taxes	16	649.	2,123.	2,295.
17 Utilities	17		76.	
18 Depreciation expense or depletion	18	2,182.	6,727.	5,676.
19 Other (list) ▶ See Line 19 Other Expenses	19	195.	1,719.	1,719.
20 Total expenses. Add lines 5 through 19	20	5,564.	12,268.	12,848.
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	1,396.	-3,628.	1,752.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( )	( -3,628. )	( )
23a Total of all amounts reported on line 3 for all rental properties	23a		39,930.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d		18,061.	
e Total of all amounts reported on line 20 for all properties	23e		66,827.	
24 <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	24			3,148.
25 <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			( 30,045. )
26 <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 NPA.	26			-26,897.



**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2016**

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 2016 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 DR UNIT H-1 PENSACOLA FL 32503
<b>B</b>	5051 GRANDE DR UNIT L-3 PENSACOLA FL 32503
<b>C</b>	

<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>	<b>B</b>		<input type="checkbox"/>
<b>A</b>	1		152		0	<input type="checkbox"/>
<b>B</b>	1		122		0	<input type="checkbox"/>
<b>C</b>						<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>			
<b>4</b> Royalties received	<b>4</b>	4,400.	5,330.	
<b>Expenses:</b>				
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>			
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>			
<b>10</b> Legal and other professional fees	<b>10</b>	776.	1,047.	
<b>11</b> Management fees	<b>11</b>	434.	434.	
<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>			
<b>15</b> Supplies	<b>15</b>	3,261.	17,205.	
<b>16</b> Taxes	<b>16</b>	2,688.		
<b>17</b> Utilities	<b>17</b>	1,955.	2,123.	
<b>18</b> Depreciation expense or depletion	<b>18</b>	233.	474.	
<b>19</b> Other (list) ▶ See Line 19 Other Expenses	<b>19</b>	1,970.	1,506.	
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	830.	1,211.	
<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>	12,147.	24,000.	
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	<b>22</b>	(-7,747.)	(-18,670.)	( )
<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

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, b 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, b 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.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

THELBERT D & [REDACTED] MORGAN

Business or activity to which this form relates

Sch E 5051 GRANDE DR UNIT H-1

Identifying number

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

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

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

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

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

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	08/16	144,500.	27.5 yrs.	MM	S/L	1,970.
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,970.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

THELBERT D & [REDACTED] MORGAN

Business or activity to which this form relates

Sch E 5051 GRANDE DR UNIT L-3

Identifying number  
[REDACTED]

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

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

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

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

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

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	09/16	142,000.	27.5 yrs.	MM	S/L	1,506.
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,506.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

# Unreimbursed Employee Business Expenses

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

**2016**

▶ Information about Form 2106-EZ and its instructions is available at [www.irs.gov/form2106ez](http://www.irs.gov/form2106ez).

Attachment  
Sequence No. **129A**

Your name

THELBERT D MORGAN

Occupation in which you incurred expenses

NISSAN

Social security number

**You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

**Caution:** You can use the standard mileage rate for 2016 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

1	Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here . . . . .	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	3	
4	Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	4	
5	Meals and entertainment expenses: \$ <u>4,313.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,157.
6	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	6	2,157.

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ \_\_\_\_\_
- 8 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:  
 a Business \_\_\_\_\_ b Commuting (see instructions) \_\_\_\_\_ c Other \_\_\_\_\_
- 9 Was your vehicle available for personal use during off-duty hours? . . . . .  Yes  No
- 10 Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes  No
- 11a Do you have evidence to support your deduction? . . . . .  Yes  No
- b If "Yes," is the evidence written? . . . . .  Yes  No

Name(s) Shown on Return  
THELBERT D & [REDACTED] MORGAN

Social Security Number  
[REDACTED]

Social Security/Railroad Retirement benefits received in 2015 . . . . .  X

	Taxpayer	Spouse
A Total net benefits from Box 5 of all SSA-1099 forms . . . . .		17,320.
B Total federal tax withheld from box 6 of all SSA-1099 forms		
C Total Medicare B premiums withheld from all SSA-1099 forms . . . . .		1,462.
D Total Medicare C premiums withheld from all SSA-1099 forms . . . . .		
E Total Medicare D premiums withheld from all SSA-1099 forms . . . . .		
Note: If self-employed, Medicare premiums are deductible as Self-Employed Health Insurance. If self-employed, enter premiums on the business activity form (Schedule C, F, etc), not on Lines C, D and E above.		
F Total net benefits from Box 5 of all RRB-1099 forms . . . . .		
G Total federal tax withheld from box 10 of all RRB-1099 forms		
H Total Medicare premiums from Box 11 of all RRB-1099 forms . . . . .		

1 Add amounts from line A and line F above. Also enter this amount on Form 1040, line 20a . . . . .	1	17,320.
2 Enter one-half of line 1 . . . . .	2	8,660.
3 Add the amounts on Form 1040, lines 7 (before adoption benefits exclusion), 8a (before U.S. savings bond interest exclusion), 8b, 9a, 10 through 14, 15b, 16b, 17 through 19, and line 21. Also include certain income of bona fide residents of American Samoa or Puerto Rico. . . . .	3	224,273.
4 Enter the total of any exclusions/adjustments for: • Foreign earned income or housing exclusion . . . . .	4	
5 Add lines 2, 3, and 4 . . . . .	5	232,933.
6 Amount from Form 1040, lines 23 through 32, plus any write-in amounts on line 36 (other than foreign housing deduction). . . . .	6	
7 Subtract line 6 from line 5. . . . .	7	232,933.
8 Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time in 2016). . . . .	8	32,000.
9 Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	9	200,933.

If line 9 is zero or less, stop here; none of your social security benefits are taxable. Enter -0- on Form 1040, line 20b. If you are married filing separately and you lived apart from your spouse for all of 2016, enter 'D' to the right of the word 'benefits' on line 20a. If line 9 is more than zero, go to line 10.

10 Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time in 2016). . . . .	10	12,000.
11 Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11	188,933.
12 Enter the smaller of line 9 or line 10. . . . .	12	12,000.
13 Enter one-half of line 12. . . . .	13	6,000.
14 Enter the smaller of line 2 or line 13. . . . .	14	6,000.
15 Multiply line 11 by 85% (.85). If line 11 is zero, enter -0- . . . . .	15	160,593.
16 Add lines 14 and 15. . . . .	16	166,593.
17 Multiply line 1 by 85% (.85). . . . .	17	14,722.
18 Taxable social security benefits. Enter the smaller of line 16 or line 17. . . . . If prior year lump-sum benefits were received, go to line 19, otherwise, skip line 19 and enter the amount from line 18 on line 20.	18	14,722.
19 Taxable benefits with lump sum election. Enter the amount from line 20 of the Lump-Sum Social Security Worksheet. . . . .	19	
20 Taxable Social Security benefits. Enter the smaller of line 18 or line 19. Also enter this amount on Form 1040, line 20b. . . . .	20	14,722.

Two-Year Comparison

2016

Name(s) Shown on Return  
THELBERT D & [REDACTED] MORGAN

Social Security Number

Income	2015	2016	Difference	%
Wages, salaries, tips, etc. . . . .	151,143.	145,295.	-5,848.	-3.87
Interest and dividend income. . . . .	573.	913.	340.	59.34
State tax refund . . . . .				
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .		104,962.	104,962.	
Rents and royalties . . . . .	-5,140.	-26,897.	-21,757.	-423.29
Partnerships, S Corps, etc . . . . .	0.	0.	0.	
Farm income (loss) . . . . .				
Social security benefits . . . . .	14,719.	14,722.	3.	0.02
Income other than the above. . . . .				
<b>Total Income</b> . . . . .	<b>161,295.</b>	<b>238,995.</b>	<b>77,700.</b>	<b>48.17</b>
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	<b>161,295.</b>	<b>238,995.</b>	<b>77,700.</b>	<b>48.17</b>
<b>Itemized Deductions</b>				
Medical and dental . . . . .		0.	0.	
Income or sales tax . . . . .	1,606.	2,056.	450.	28.02
Real estate taxes . . . . .	6,722.	4,192.	-2,530.	-37.64
Personal property and other taxes. . . . .				
Interest paid . . . . .	2,745.		-2,745.	-100.00
Gifts to charity . . . . .	2,125.	4,953.	2,828.	133.08
Casualty and theft losses. . . . .				
Miscellaneous . . . . .	3,771.	6,189.	2,418.	64.12
Phaseout of itemized deductions . . . . .				
<b>Total Itemized Deductions</b> . . . . .	<b>16,969.</b>	<b>17,390.</b>	<b>421.</b>	<b>2.48</b>
<b>Standard or Itemized Deduction</b> . . . . .	<b>16,969.</b>	<b>17,390.</b>	<b>421.</b>	<b>2.48</b>
<b>Exemption Amount</b> . . . . .	<b>8,000.</b>	<b>8,100.</b>	<b>100.</b>	<b>1.25</b>
<b>Taxable Income</b> . . . . .	<b>136,326.</b>	<b>213,505.</b>	<b>77,179.</b>	<b>56.61</b>
Income tax . . . . .	25,669.	46,767.	21,098.	82.19
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	<b>25,669.</b>	<b>46,767.</b>	<b>21,098.</b>	<b>82.19</b>
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax After Credits</b> . . . . .	<b>25,669.</b>	<b>46,767.</b>	<b>21,098.</b>	<b>82.19</b>
Withholding . . . . .	37,494.	39,594.	2,100.	5.60
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .				
<b>Total Payments</b> . . . . .	<b>37,494.</b>	<b>39,594.</b>	<b>2,100.</b>	<b>5.60</b>
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	<b>11,825.</b>		<b>-11,825.</b>	<b>-100.00</b>
<b>Balance Due</b> . . . . .		<b>7,173.</b>	<b>7,173.</b>	

Current year effective tax rate . . . . . 19.57%

# Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax . . . . . <u>46,767.</u>
	Check if from:
1	Tax table . . . . . <input type="checkbox"/>
2	Tax Computation Worksheet (see instructions) . . . . . <input checked="" type="checkbox"/>
3	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
5	Schedule J . . . . . <input type="checkbox"/>
6	Form 8615 . . . . . <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
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	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
H	Tax. Add lines A through G. Enter the result here and on line 44 . . . . . <u>46,767.</u>



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 . . . . .	238,995.
B	Nontaxable income entered elsewhere on return . . . . .	2,598.
C	Available income: 2015 refundable credits in excess of tax . . . . .	0.
D	Enter any additional nontaxable income. . . . .	
E	Total available income for sales taxes . . . . .	241,593.
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, IL, LA, MS or NY 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	01/01/16	12/31/16	7.5000	6.0000	1.5000	1,645.	411.	2,056.

	Total general sales taxes from table . . . . .	2,056.
H	Enter additions to table amount (motor vehicle, boat) . . . . .	
I	Total sales taxes from table plus additions to table amount . . . . .	2,056.
J	Enter actual sales taxes paid (in lieu of table amount) . . . . .	
K	Total income taxes paid . . . . .	

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		700.
DAV		20.
TEEN CHALLENGE		250.
SAFE HARBOR		250.
FLORIDA SHERIFF'S YOUTH RANCH		554.
ROOK MEMORIAL FUND		554.
MARCUS POINT BAPTIST		100.
PANHANDLE CHRITY		100.
ORDER OF ST JOHN OF JERUSALEM		200.
See Additional Cash Contributions		2,225.

## Additional information from your 2016 Federal Tax Return

### Schedule A: Itemized Deductions

#### Line 21 - Employee Business Expenses Subject to 2% Limitation

Continuation Statement

Description	Amount
Employee business expenses	2,157.
Uniforms and protective clothing	125.
EQUIPMENT PURCHASES	1,550.
OFFICE EXPENSE	195.
ENTERTAINMENT	468.
LICENSE	50.
GENERATOR	5,920.
BUSINESS LICENSE	139.
<b>Total</b>	<b>10,604.</b>

### Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)

#### Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
OFFICE EXPENSE	195.
<b>Total</b>	<b>195.</b>

### Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)

#### Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
OFFICE EXPENSE	195.
HOMEOWNERS ASSN	1,524.
<b>Total</b>	<b>1,719.</b>

### Schedule E: Supplemental Income and Loss -- Page 1 (Copy 1)

#### Line 19 Other Expenses: Property (3)

Continuation Statement

Expense Description	Amount
OFFICE EXPENSE	195.
HOME OWNERS ASSOC	1,524.
<b>Total</b>	<b>1,719.</b>

### Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)

#### Line 19 Other Expenses: Property (1)

Continuation Statement

Expense Description	Amount
HOA	635.
OFFICE EXPENSE	195.
<b>Total</b>	<b>830.</b>

Schedule E: Supplemental Income and Loss -- Page 1 (Copy 2)

Line 19 Other Expenses: Property (2)

Continuation Statement

Expense Description	Amount
HOA	1,016.
OFFICE EXPENSE	195.
<b>Total</b>	<b>1,211.</b>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions  
Additional Cash Contributions

Continuation Statement

Name of charity	Type	Amount
KREWE OF SWAT		1,000.
UNITED METHODIST LIFE CENTER		1,225.
Total		2,225.

Control Number RET0535785		<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no.  DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIREMENT PAY PO BOX 7130 LONDON KY 40742-7130		1 Gross distribution \$ 37314.56	<b>2016</b>  Form <b>1099-R</b>			
		2a Taxable amount \$ 37314.56				
PAYER'S Federal identification number 34-0727612	RECIPIENT'S identification number [REDACTED]	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution		7 Distribution code 7		Copy C  For Recipient's Records  This information is being furnished to the Internal Revenue Service.  Keep this copy for your records.
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  THELBERT D MORGAN [REDACTED]		4 Federal income tax withheld \$ 3386.73	9 Your percentage of total distribution %			
		12 State tax withheld \$	13 State/Payer's state no.			
		FATCA Filing Requirement <input type="checkbox"/>	RETIRED [REDACTED]			
		Department of the Treasury - Internal Revenue Service				

Form 1099-R

Control Number RET0535785		<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no.  DEFENSE FINANCE AND ACCOUNTING SERVICE US MILITARY RETIREMENT PAY PO BOX 7130 LONDON KY 40742-7130		1 Gross distribution \$ 37314.56	<b>2016</b>  Form <b>1099-R</b>			
		2a Taxable amount \$ 37314.56				
PAYER'S Federal identification number 34-0727612	RECIPIENT'S identification number [REDACTED]	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution		7 Distribution code 7		Copy 2  File this copy with your state, city, or Local Income tax return, when required.
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code  THELBERT D MORGAN [REDACTED]		4 Federal income tax withheld \$ 3386.73	9 Your percentage of total distribution %			
		12 State tax withheld \$	13 State/Payer's state no.			
		FATCA Filing Requirement <input type="checkbox"/>	RETIRED [REDACTED]			
		Department of the Treasury - Internal Revenue Service				

Form 1099-R

# W-2 Wages and Tax 2016

Form  
 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 Employer'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	

# W-2 Wages and Tax 2016

Form  
 Copy 2 To Be Filed with Employee'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 Employer'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	

# W-2 Wages and Tax 2016

Form  
 Copy 2 To Be Filed with Employee'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 Employer'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	

16-0331690 Department of the Treasury-Internal Revenue Service

1 Wages, tips, other compensation	144047.71	2 Federal income tax withheld	28269.50
3 Social security wages	118500.00	4 Social security tax withheld	7347.00
5 Medicare wages and tips	148412.76	6 Medicare tax withheld	2151.99
10 Dependent care benefits	.00	11 Nonqualified plans	.00
12a See instruction for box 12	.00	12c	.00
12d Statutory retirement plan	X	14 Other FLEX	325.20
b Employer identification number	59-6000601	RET	4365.05

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence or other sanction may be imposed on you if this income is taxable and you fail to report it.

16-0331690 Department of the Treasury-Internal Revenue Service

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16-0331690 Department of the Treasury-Internal Revenue Service

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12a See instruction for box 12	.00	12c	.00
12d Statutory retirement plan	X	14 Other FLEX	325.20
b Employer identification number	59-6000601	RET	4365.05

VOID  CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>CITY OF PENSACOLA</b> P. O. BOX 12910 PENSACOLA, FL 32521-0061 (850) 435-1818		1 Rents \$ <b>5,472.00</b>	OMB No. 1545-0115 <b>2016</b> Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number 596000406		2 Royalties \$	3 Other income \$	
RECIPIENT'S name <b>MORGAN, THELBERT D</b> Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy 1 For State Tax Department
RECIPIENT'S identification number [REDACTED]		6 Medical and health care payments \$	7 Nonemployee compensation \$	
Account number (see instructions) [REDACTED]		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$
FATCA filing requirement <input type="checkbox"/>		11 [REDACTED]	12 [REDACTED]	13 Excess golden parachute payments \$
14 Gross proceeds paid to an attorney \$		15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$
17 State/Payer's state no. \$		18 State Income \$		

LMBL

5108

CORRECTED (if checked)



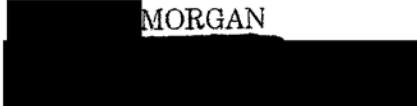

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>EGLIN FEDERAL CREDIT UNION</b> 838 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32547 (850) 862-0111 IOZ 3145163 19902		Calendar year <b>2016</b>	This is important tax information and is 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 for Recipients of Interest Income</b> Copy B - For Recipient <b>2016</b> Form 1099-INT
Recipient's identification number [REDACTED]		7 Foreign country or U.S. possession \$	15 State \$	16 State identification no. \$	17 State Tax Withheld \$	
PAYER'S Federal identification number 59-0724728		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, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code [REDACTED] 19902 LAR 0.403 0.4030 MORGAN [REDACTED]		10 Market discount 0.00	11 Bond premium 0.00	12 Bond premium on treasury obligations \$	Payer's RTN (optional)	
FATCA filing requirement <input type="checkbox"/>		All accounts shown below are for the Recipient identification number shown at left.		13 Dividend or interest income 912.98	14 Tax-exempt interest on the credit bond (if any) \$	
Account Number (see instructions) [REDACTED]		1 Interest income 912.98	2 Early withdrawal penalty 0.00	4 Federal Income tax withheld 0.00		
TOTALS		912.98	0.00	0.00		



# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

## 2016

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name  MORGAN		Box 2. Beneficiary's Social Security Number 
Box 3. Benefits Paid in 2016 \$17,319.60	Box 4. Benefits Repaid to SSA in 2016 NONE	Box 5. Net Benefits for 2016 (Box 3 minus Box 4) \$17,319.60
<b>DESCRIPTION OF AMOUNT IN BOX 3</b>		<b>DESCRIPTION OF AMOUNT IN BOX 4</b>
Paid by check or direct deposit \$15,858.00 Medicare Part B premiums deducted from your benefits \$1,461.60 Total Additions \$17,319.60 Benefits for 2016 \$17,319.60		NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address  MORGAN
		Box 8. Claim Number (Use this number if you need to contact SSA.) 

CORRECTED (if checked)

12/ 10/ 2016

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	1 Gross distribution \$ 67646.54	OMB No. 1545-0119  <b>2016</b>	Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2a Taxable amount \$ 67646.54		
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution	
RECIPIENT'S name, address, and ZIP code MORGAN [REDACTED] [REDACTED]	4 Federal Income tax withheld \$ 7936.55	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	
	\$ 0.00		
RETIRED		01012016-	
		12312016	

Form 1099-R

(8-99)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

12/ 10/ 2016

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	1 Gross distribution \$ 67646.54	OMB No. 1545-0119  <b>2016</b>	Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
	2a Taxable amount \$ 67646.54		
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution	
RECIPIENT'S name, address, and ZIP code MORGAN [REDACTED] [REDACTED]	4 Federal Income tax withheld \$ 7936.55	7 Distribution code 7	Copy B Report this income on your Federal tax return. This information is being furnished to the Internal Revenue Service.
	9 Your percentage of total distribution %		
	12 State income tax withheld \$ 0.00	13 State/Payer's state number	
	\$ 0.00		
RETIRED		[REDACTED]	

Form 1099-R

Department of the Treasury - Internal Revenue Service

Form **W-2 Wage and Tax Statement** 2016

c Employer's name, address, and ZIP code

[Redacted]

e Employee's name, address, and ZIP code

MORGAN  
[Redacted]

7 Social security tips	1 Wages, tips, other compensation 1247.34	2 Federal income tax withheld 0.00
8 Allocated tips	3 Social security wages 0.00	4 Social security tax withheld 0.00
9	5 Medicare wages and tips 1348.50	6 Medicare tax withheld 19.53
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other 401A 101.16	12b
b Employer identification no. (EIN) [Redacted]		12c
a Employee's social security no. [Redacted]		12d

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

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 38-2099803 Dept. of the Treasury -- IRS

Form **W-2 Wage and Tax Statement** 2016

c Employer's name, address, and ZIP code

[Redacted]

e Employee's name, address, and ZIP code

MORGAN  
[Redacted]

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8 Allocated tips	3 Social security wages 0.00	4 Social security tax withheld 0.00
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a Employee's social security no. [Redacted]		12d

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Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 38-2099803 Dept. of the Treasury -- IRS

BW24DWNA NTF 2580356

Form **W-2 Wage and Tax Statement** 2016

c Employer's name, address, and ZIP code

[Redacted]

e Employee's name, address, and ZIP code

MORGAN  
[Redacted]

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