

CONFIDENTIAL

FOR OFFICE USE ONLY: FLORIDA COMMISSION ON ETHICS JUN 13 2018

*****AUTO**ALL FOR AADC 325 T4 P1 136 590

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



ID Code ID No. 226091



Conf. Code C

Morgan, Thelbert David

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, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of June 6, 2018 was \$ 1,321,817.00

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 \$ 170,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Rows include 2012 Copley Dr, Pns FL 32503 (Investment property) valued at 313,929.00, and three units at 5051 Grande Dr, Pns FL 32503 valued at 127,000.00, 138,000.00, and 127,000.00 respectively.

PART C -- LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. The table is crossed out with a large diagonal line and the word 'NONE' is written across it.

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. The table is crossed out with a large diagonal line and the word 'NONE' is written across it.

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 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 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>N/A</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>N/A</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>N/A</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 6th day of June, 2018 by Theibert David Morgan

Carissa Mitchell
 (Signature of Notary Public--State of Florida)



CARISSA MITCHELL
 MY COMMISSION # FF 940644
 EXPIRES: April 1, 2020
 Bonded Thru Budget Notary Services

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

Personally Known OR Produced Identification _____

Type of Identification Produced _____

Theibert David Morgan
 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

#5051 Grande Dr., Unit G-4, Pns, FL 32503 (investment property)	\$ 116,000.00
#5051 Grande Dr., Unit H-1, Pns, FL 32503 (" ")	\$ 114,000.00
#2804 Donley St., Pns, FL 32526 (" ")	\$ 38,888.00

Money Market Savings	\$ 170,000.00
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Eglin Federal Credit Union
838 Eglin Pkwy, N.E.
Ft. Walton Beach, FL 32547-3935

USPA IRA	\$ 5,000.00
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Business Equipment (computer, bookshelves, etc.)	\$ 2,000.00
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No Other

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning 2017, ending 20

Your first name and initial: **THELBERT D** Last name: **MORGAN** See separate instructions.
 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. Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

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

Foreign country name Foreign province/state/county Foreign postal code

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) (see instructions)

Exemptions

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

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**

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

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

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	149,452
8a	Taxable interest. Attach Schedule B if required	8a	799
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	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	105,414
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	(15,435)
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	17,376
b	Taxable amount	20b	14,770
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	255,000

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	0
37	Subtract line 36 from line 22. This is your adjusted gross income	37	255,000

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	255,000
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1953, if: <input checked="" type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked 2 ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	15,200
41	Subtract line 40 from line 38	41	239,800
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	231,700
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	51,761
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	51,761
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	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	51,761

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, \$6,350
 Married filing jointly or Qualifying widow(er), \$12,700
 Head of household, \$9,350

Other Taxes

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	51,761

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	37,345
65	2017 estimated tax payments and amount applied from 2018 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 86b		
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 type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	37,345

Refund

Direct deposit? See instructions.

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	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	14,416

Amount You Owe

79	Estimated tax penalty (see instructions)	79	
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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: **James Thomasson** Phone no: **850-944-8500** Personal identification number (PIN): **[REDACTED]**

Sign Here

Joint return? See instructions. Keep a copy for your records.

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
[REDACTED]	03-07-2018	ESC CTNY SHERIFF	850-341-7330
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)
[REDACTED]	03-07-2018	[REDACTED]	[REDACTED]

Paid Preparer Use Only

Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
James Thomasson	03-10-2018		P00590650
Print/type preparer's name	James Thomasson		
Firm's name	Accelerated Financial Services		Firm's EIN ▶ 82-3420653
Firm's address	2400 W Michigan Ave Suite 12 Pensacola, FL 32526		
			Phone no. 850-944-8500

Name(s) shown on return

Supplemental Income and Loss

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

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

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

Your social security number

THELBERT D & [REDACTED] MORGAN

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

- A Did you make any payments in 2017 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)		
A	2804 DONLEY ST, PENSACOLA, FL 32505		
B	5051 GRANDE DR UNIT I-7, PENSACOLA, FL 32503		
C	5051 GRANDE DRIVE #D-3, PENSACOLA, FL 32503		

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	0	<input type="checkbox"/>
B	1		365	0	0	<input type="checkbox"/>
C	1		365	0	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
3 Rents received	3	7,120	8,200	11,987
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	1,056	899	822
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	818	2,755	10,301
15 Supplies	15			
16 Taxes	16	655	2,217	2,406
17 Utilities	17		41	225
18 Depreciation expense or depletion	18	2,182	6,727	5,676
19 Other (list) ▶ <u>TOTAL OTHER EXPENSES</u>	19		1,596	1,596
20 Total expenses. Add lines 5 through 19	20	4,711	14,235	21,026
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	2,409	(6,035)	(9,039)
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	()	(6,035)	(9,039)
23a Total of all amounts reported on line 3 for all rental properties	23a		51,793	
b Total of all amounts reported on line 4 for all royalty properties	23b		0	
c Total of all amounts reported on line 12 for all properties	23c		0	
d Total of all amounts reported on line 18 for all properties	23d		25,002	
e Total of all amounts reported on line 20 for all properties	23e		67,228	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			5,729
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(21,164)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. NPA If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			(15,435)

Supplemental Income and Loss

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

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

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

Your social security number

THELBERT D & [REDACTED] MORGAN

Part I Income or Loss From Rental Real Estate and Royalties

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 2017 that would require you to file Form(s) 1099?
B If "Yes," did you or will you file required Forms 1099?

Table with 1a Physical address of each property (street, city, state, ZIP code) and rows A, B, C with addresses in Pensacola, FL.

Table with 1b Type of Property and 2 Fair Rental Days, Personal Use Days, QJV. Rows A, B, C.

- 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)

Main income/expense table with columns for Properties (A, B, C) and rows for Income (Rents, Royalties) and Expenses (Advertising, Auto and travel, etc.).

For Paperwork Reduction Act Notice, see the separate instructions.

Unreimbursed Employee Business Expenses

2017

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.
▶ Go to www.irs.gov/Form2106EZ for the latest information.

Attachment
Sequence No. **129A**

Your name THELBERT D MORGAN	Occupation in which you incurred expenses NISSAN	Social security number [REDACTED]
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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 2017.

Caution: You can use the standard mileage rate for 2017 **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 53.5 cents (0.535). Enter the result here	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	2,183
5 Meals and entertainment expenses: \$ <u>4,568</u> x 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	2,284
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (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	4,467

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 2017, 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

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

OMB No. 1545-0908

Attachment Sequence No. **155**

Identifying number

Name(s) shown on your income tax return

THELBERT D & [REDACTED] MORGAN

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	TEEN CHALLENGE	<input type="checkbox"/>	HOUSEHOLD ITEMS, GOOD (USED)
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	06-30-2017	VARIOUS	PURCHASE	6,000	1,960	THRIFT STORE
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest. If Part II applies to more than one property, attach a separate statement. ▶ _____
- 2b Total amount claimed as a deduction for the property listed in Part I:
 - (1) For this tax year ▶ _____
 - (2) For any prior tax years ▶ _____
- 2c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee) _____

Address (number, street, and room or suite no.) _____

City or town, state, and ZIP code _____
- 2d For tangible property, enter the place where the property is located or kept ▶ _____
- 2e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

- 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?
- 3b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?
- 3c Is there a restriction limiting the donated property for a particular use?

	Yes	No
3a		
3b		
3c		

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization (Including Information on Listed Property)

2017

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

THELBERT D & MORGAN

Business or activity to which this form relates

RESIDENTIAL RENTAL

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.

Table with 5 main rows for Part I. Line 1: Maximum amount. Line 2: Total cost of section 179 property. Line 3: Threshold cost. Line 4: Reduction in limitation. Line 5: Dollar limitation. Line 6: Description of property, Cost, Elected cost. Line 7: Listed property amount. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2018.

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.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

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

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2017. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C. Row 20a: Class life. Row b: 12-year. Row c: 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization (Including Information on Listed Property)

2017

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THELBERT D & MORGAN

RESIDENTIAL RENTAL

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.

Table with 13 rows for Part I. Line 1: Maximum amount. Line 2: Total cost of section 179 property. Line 3: Threshold cost of section 179 property. Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year. Line 6: Description of property, Cost, Elected cost. Line 7: Listed property. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2018.

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.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

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

Section A

Table with 2 rows for Part III Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2017. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i list property types like 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c list class lives: 12-year, 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

THELBERT D & MORGAN

Business or activity to which this form relates

RENTAL

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.

Table with 5 rows for Section 179 election details: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost.

Table with 13 rows for Section 179 expense deduction calculation: 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover to 2018.

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.)

Table with 3 rows for Special Depreciation Allowance: 14 Special depreciation allowance, 15 Property subject to election, 16 Other depreciation (including ACRS).

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

Section A

Table with 2 rows for MACRS deductions: 17 MACRS deductions for assets placed in service in tax years beginning before 2017, 18 Grouping assets.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 6 columns: 20a Class life, 20b 12-year, 20c 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Summary: 21 Listed property, 22 Total, 23 Portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THELBERT D & [REDACTED] MORGAN

RESIDENTIAL RENTAL

[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.

Table with 5 rows for Section 179 election. Line 1: Maximum amount. Line 2: Total cost of section 179 property. Line 3: Threshold cost. Line 4: Reduction in limitation. Line 5: Dollar limitation for tax year.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Row 6: Blank header row.

Table with 13 rows for Section 179 calculation. Line 7: Listed property. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2018.

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.)

Table with 3 rows for Special Depreciation Allowance. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

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

Section A

Table with 2 rows for MACRS deductions. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2017. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i: 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, Nonresidential real property.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Alternative Depreciation System. Row 20a: Class life. Row 20b: 12-year. Row 20c: 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

DEPRECIATION AND AMORTIZATION (Including Information on Listed Property)

2017

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THELBERT D & MORGAN

RESIDENTIAL RENTAL

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.

Table with 13 rows for Part I. Columns include line numbers and descriptions of property and costs. Line 13 value is 5,163.

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.)

Table with 3 rows for Part II. Columns include line numbers and descriptions of special depreciation allowance.

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

Section A

Table with 2 rows for Section A. Line 17 value is 5,163.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 10 rows (19a-i) for Section B. Columns include classification of property, month/year placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 3 rows (20a-c) for Section C. Columns include class life, recovery period, convention, method, and depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22 value is 5,163.

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization (Including Information on Listed Property)

2017

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THELBERT D & MORGAN

UNALLOCATED

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.

Table with 5 main rows for Section 179 election. Line 1: Maximum amount. Line 2: Total cost. Line 3: Threshold cost. Line 4: Reduction in limitation. Line 5: Dollar limitation. Line 6: Description of property. Line 7: Listed property amount. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover of disallowed deduction. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover of disallowed deduction to 2018.

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.)

Table with 3 rows for Special Depreciation Allowance. Line 14: Special depreciation allowance. Line 15: Property subject to section 168(f)(1) election. Line 16: Other depreciation (including ACRS).

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

Section A

Table with 2 rows for MACRS Deductions. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2017. Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 21: Listed property. Line 22: Total. Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25
26 Property used more than 50% in a qualified business use:								
	01/01/2017	100.0%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)	4,685					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32	4,685					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Supporting Statements

2017 PG01

Name(s) as shown on return

Your Social Security Number

THELBERT D & [REDACTED] MORGAN

[REDACTED]

SCHEDULE E - LINE 19 - OTHER EXPENSES

Statement #1

<u>OTHER EXPENSES</u>	<u>PROPERTY A</u>	<u>PROPERTY B</u>	<u>PROPERTY C</u>
TOTAL OTHER EXPENSES	1,596	1,596	
MEALS			560
CELL PHONE AT 60 PCT			798
INTERNET			374
COMPUTER SUPPORT			108
PO BOX			112
NEWS PAPER			267
BUSINESS LIC			139
HOME OFFICE EXP			181
TOTAL	<u>1,596</u>	<u>1,596</u>	<u>2,539</u>

Client Copy

Name(s) as shown on return

THELBERT D & [REDACTED] MORGAN

Your Social Security Number

[REDACTED]

FORM 2106, LINE 4A - OTHER BUSINESS EXPENSES

DESCRIPTION	AMOUNT
EQUIPMENT	\$ 1,392
UNIFORM	403
MEMBERSHIPS	388
TOTAL:	\$ 2,183

SCHEDULE A - LINE 16 - GIFTS BY CASH OR CHECK

DESCRIPTION	AMOUNT
NRA	\$ 35
JIM ROUKE	564
FLORIDA SHERIFF'S YOUTH RANCH	564
	200
	25
	100
	250
	50
	20
TOTAL:	\$ 1,808

OVERFLOW STATEMENT

DESCRIPTION	AMOUNT
TERMITE	\$ 343
TRASH	296
GENERATOR MAINT	350
HOUSEKEEPING	2,865
TOTAL:	\$ 3,854

SCHEDULE E - LINE 19 - OTHER EXPENSES

DESCRIPTION	AMOUNT
HOMEOWNERS ASSN	\$ 1,596
TOTAL:	\$ 1,596

SCHEDULE E, LINE 17 - UTILITIES

DESCRIPTION	AMOUNT
POWER	\$ 100
WATER	125
TOTAL:	\$ 225

Name(s) as shown on return

THELBERT D & [REDACTED] MORGAN

Your Social Security Number

[REDACTED]

SCHEDULE E - LINE 19 - OTHER EXPENSES

DESCRIPTION	AMOUNT
HOME OWNERS ASSOC	\$ 1,596
TOTAL:	\$ 1,596

SCHEDULE E - LINE 19 - OTHER EXPENSES

DESCRIPTION	AMOUNT
HOA	\$ 1,596
TOTAL:	\$ 1,596

SCHEDULE E - LINE 19 - OTHER EXPENSES

DESCRIPTION	AMOUNT
HOA	\$ 1,596
TOTAL:	\$ 1,596

Client Copy

Control Number [REDACTED] <input type="checkbox"/> CORRECTED (if checked)					
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 U.S. MILITARY RETIRED PAY 8899 E. 56TH ST INDIANAPOLIS, IN 46249-1200		1 Gross distribution \$ 37471.49	OMB No. 1545-0119 2017	Distributions From Pensions, Annuities Retirement, or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 37471.49	Form 1099-R		
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number ***-**-****	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code RV06_D0281_10558 THELBERT D MORGAN [REDACTED]		4 Federal income tax withheld \$ 3390.47	7 Distribution code 7	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service	
		9 Your percentage of total distribution %			
		12 State tax withheld \$	13 State/Payer's state no.		
		FATCA Filing Requirement <input type="checkbox"/>	RETIRED [REDACTED]		
Form 1099-R		Department of the Treasury - Internal Revenue Service			

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 \$ 5,816.00	OMB No. 1545-0115 2017	Miscellaneous Income	
		2 Royalties \$	Form 1099-MISC		
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient 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.	
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 \$	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 \$		
Account number (see instructions) [REDACTED]	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 \$			
Form 1099-MISC		Department of the Treasury - Internal Revenue Service			

(Keep for your records)

www.irs.gov/form1099misc

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. (850) 862-0111 10Z 3287863 21093		Calendar year 2017	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 Statement of Recipients of Interest Income Copy B - For Recipient 2017 Form 1099-INT
7 Foreign country or U.S. possession		15 State	16 State identification no.	17 State Tax Withheld		
5 Investment expenses 0.00		8 Tax-exempt interest 0.00		9 Specified private activity bond interest 0.00		
10 Market discount 0.00		11 Bond premium 0.00		12 Bond premium on Treasury obligation Payer's RTN (optional)		
Recipient's identification number	6 Foreign tax paid 0.00	All account(s) shown below are for the Recipient identification number shown at left.		13 Bond premium on tax-exempt bond	14 Tax-exempt and tax credit bond (USDF) no.	
PAYER'S Federal identification number	3 Interest on U.S. Savings Bonds and Treas. obligations 0.00	Account Number (see instructions)	1 Interest income 799.20	2 Early withdrawal penalty 0.00	4 Federal Income tax withheld 0.00	
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code MORGAN		TOTALS		799.20	0.00	
FATCA filing requirement <input type="checkbox"/>						

Control Number		<input type="checkbox"/> CORRECTED (if checked)		12/11/2017	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. MORGAN		1 Gross distribution \$ 67943.19	OMB No. 1545-0119 2017 Form 1099-R		Distributions From Pensions, Annuities Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification Number	RECIPIENT'S identification Number	2a Taxable amount \$ 67943.19	2b <input type="checkbox"/> Taxable amount not determined <input type="checkbox"/> Total Distribution		Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code MORGAN		4 Federal Income tax withheld \$ 7961.39	7 Distribution code 7		
		9 Your percentage of total distribution	%		
		12 State tax withheld \$ 0.00	13 State/Payer's state no.		
			RETIRED		01012017-12312017
Form 1099-R		(8-99)		Department of the Treasury - Internal Revenue Service	

Form W-2 Wage and Tax Statement 2017		7 Social security tips	1 Wages, tips, other compensation 2733.36	2 Federal income tax withheld 0.00		
c Employer's name, address, and ZIP code MORGAN		8 Allocated tips	3 Social security wages 0.00	4 Social security tax withheld 0.00		
		9 Verification code	5 Medicare wages and tips 2955.00	6 Medicare tax withheld 42.83		
		10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a		
e Employee's name, address, and ZIP code MORGAN		13 <input checked="" type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay	14 Other 401A 221.64	12b		
		b Employer identification no. (EIN) MORGAN		12c		
		a Employee's social security no. MORGAN		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

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

2017

c Employer's name, address, and ZIP code COUNTY OF ESCAMBIA OFFICE OF SHERIFF PENSACOLA, FL 32523		7 Social security tips .00	8 Allocated tips .00	9 Social security wages 127200.00	10 Dependent care benefits .00	11 Nonqualified plans .00
e Employee's name, address, and ZIP code THELBERT DAVID MORGAN [REDACTED]		12a See instruction for box 12 .00	12b .00	12c .00	13 Statutory emp Retirement plan Third-party sick-pay X	14 Other FLEX RET 325.20 4447.56
b Employer identification number 59-6000601		12d .00	a Employee's social security no. [REDACTED]			
15 State	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		

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2017 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name [REDACTED] MORGAN		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2017 \$17,376.00	Box 4. Benefits Repaid to SSA in 2017 NONE	Box 5. Net Benefits for 2017 (Box 3 minus Box 4) \$17,376.00

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit \$15,852.00	NONE
Medicare Part B premiums deducted from your benefits \$1,524.00	
Total Additions \$17,376.00	
Benefits for 2017 \$17,376.00	
Box 6. Voluntary Federal Income Tax Withheld NONE	
Box 7. Address [REDACTED] MORGAN [REDACTED]	
Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]	