

OF FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

43963

PROCESSED

FLORIDA
COMMISSION ON ETHICS

JUL 01 2019

RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

BEAN, AARON P.

MAILING ADDRESS:

305 BONNIEVIEW ROAD

CITY: FERNANDINA BEACH ZIP: 32034 COUNTY: NASSAU

NAME OF AGENCY:
SENATE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
STATE SENATOR, 4TH DISTRICT

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, 2018 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 25, 20 19 was \$ 1,163,522.00

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

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

The aggregate value of my household goods and personal effects (described above) is \$ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: * see attachment

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
RESIDENCE, 305 BONNIEVIEW ROAD, FERNANDINA BEACH	500,000
HOME, 2001 FRIENDLY ROAD, FERNANDINA BEACH	190,000
HOME, 84164 ST. PAUL BOULEVARD, YULEE, FL	168,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE, BBVA, 1742 S. 8 TH ST, FB, FL 32034	82,000
MORTGAGE, SYNOVUS BANK, 1750 S. 14 TH ST, FB, FL 32034	71,063
MORTGAGE, SYNOVUS BANK, 1750 S. 14 TH ST, FB, FL 32034	64,348

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2018 tax return, you need not complete the remainder of Part D.]

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

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

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

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

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	HIGH ENERGY AUCTION COMPANY	AARON BEAN CONSULTING	
ADDRESS OF BUSINESS ENTITY	305 BONNIEVIEW ROAD, FERNANDINA BCH, FL 32034		
PRINCIPAL BUSINESS ACTIVITY	AUCTIONEERING, AUCTION CONSULTING, INSURANCE CONSULTING, REAL ESTATE		
POSITION HELD WITH ENTITY	VICE-PRESIDENT	OWNER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES	
NATURE OF MY OWNERSHIP INTEREST	AARON & ADIGAIL BEAN 100% OWNERS	SOLE PROPRIETOR	

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

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.

STATE OF FLORIDA
 COUNTY OF Nassau
 Sworn to (or affirmed) and subscribed before me this 29 day of

June, 2019 by _____
Barbara Broyles
 (Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission-Spelled Name of Notary Public)
Barbara M Broyles
 Notary Public State of Florida
 Personally Known OR Produce Identification _____
 Type of Identification Produced _____

Aaron Bean
 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.

Aaron Bean Financial Disclosure June 25, 2019 Asset Addendum



Part B. Assets Valued Over \$1,000

Cash	BBVA	\$9,151
	1742 South 8 th Street, Fernandina Beach, FL 32034	
Cash	Synovus Bank	\$2,086
	1750 South 14 th Street, Fernandina Beach, FL 32034	
Cash	Vystar Credit Union	\$1,584
	1900 South 14 th Street, Fernandina Beach, FL 32034	
401K	Lincoln Financial Group	\$144,745
	P.O. Box 7875, Fort Wayne Indiana, 46801	
	<i>20% AM FDS Fund, 30% Dreyfus Midcap Fund, 20% INVESTCO Fund</i>	
	<i>20% Columbia Small Cap Fund, 10% PRUD Global Return Fund</i>	
IRA	Fidelity Investments	\$215,234
	P.O. Box 770001, Cincinnati, OH 45277	
	<i>93% RYAM, 6% CAT, 1% FID Money Market</i>	
Florida Retirement System Vested Interest Estimate		\$84,300
	1801 Hermitage Boulevard, Suite 100 Tallahassee, FL 32308	
Florida Prepaid College Plans Liquid Value		\$6,180
	P.O. Box 6567, Tallahassee, FL 32314	
529 Plan	Blackrock Plans, <i>100% Growth Fund Portfolio A</i>	\$9,653
	P.O. Box 9783, Providence, RI 02940	

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2018** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial **Aaron P** Last name **Bean** Your social security number **[REDACTED]**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial **Abigail B** Last name **Bean** Spouse's social security number **[REDACTED]**

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see instr.)
 Spouse is blind Spouse itemizes on a separate return or you were a dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **305 Bonnieview Road** Apt. no. **Presidential Election Campaign** (see instr.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Fernandina Beach FL 32034** If more than four dependents, see instr. and here

(1) First name		(2) Social security number		(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instr.)	
					Child tax credit	Credit for other dependents
Gray P.	Bean	[REDACTED]		Son		
Walker A.	Bean	[REDACTED]		Son		

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

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

Your signature: **[REDACTED]** Date: **[REDACTED]** Your occupation: **Public Relations**

Spouse's signature. If a joint return, both must sign. **[REDACTED]** Date: **[REDACTED]** Spouse's occupation: **Executive Director**

If the IRS sent you an Identity Protection PIN, enter it here (see instr.) **[REDACTED]**

If the IRS sent you an Identity Protection PIN, enter it here (see instr.) **[REDACTED]**

Preparer's name: **Robert M Bradley, CPA** Preparer's signature: **Robert M Bradley, CPA** PTIN: ********* Check if: 3rd Party Designee Self-employed

Paid Preparer Use Only Firm's name: **Robert M. Bradley, CPA** Firm's address: **203 South Orange Ave Green Cove Springs FL 32043-4129** Firm's EIN: ****--***6848** Phone no.: **904-284-3999**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	138,487
2a	Tax-exempt interest	2a		2b	
3a	Qualified dividends	3a		3b	
4a	IRAs, pensions, and annuities	4a	29,977	4b	
5a	Social security benefits	5a		5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		26,992	6	165,479
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise subtract Schedule 1, line 36, from line 6			7	165,479
8	Standard deduction or itemized deductions (from Schedule A)			8	24,000
9	Qualified business income deduction (see instructions)			9	5,398
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10	136,081
11	a Tax (see instr.) 21,817 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)			11	21,817
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>			12	
12	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/>			13	21,817
13	Subtract line 12 from line 11. If zero or less, enter -0-			14	
14	Other taxes. Attach Schedule 4			15	21,817
15	Total tax. Add lines 13 and 14			16	25,194
16	Federal income tax withheld from Forms W-2 and 1099				
17	Refundable credits: a EIC (see instr.) _____ b Sch 8812 _____ c Form 8863 _____			17	32
	Add any amount from Schedule 5 32			18	25,226
18	Add lines 16 and 17. These are your total payments			19	3,409
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid			20a	3,409
Refund	20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>				
	b Routing number 063013924 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d Account number ****6888				
21	Amount of line 19 you want applied to your 2019 estimated tax	21			
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22			
23	Estimated tax penalty (see instructions)	23			

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for -

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Refund

Direct deposit? See instructions

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. 01

Name(s) shown on Form 1040

Aaron P & Abigail B Bean

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	26,992
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	26,992
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. 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	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

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

Schedule 1 (Form 1040) 2018

**SCHEDULE 5
(Form 1040)**

Other Payments and Refundable Credits

OMB No. 1545-0074

2018

Attachment
Sequence No **05**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040

Your social security number

Aaron P & Abigail B Bean

Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	
and	67a	Reserved	67a	
Refundable	b	Reserved	67b	
Credits	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	32
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17	75	32

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

Schedule 5 (Form 1040) 2018

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

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

OMB No. 1545-0074

2018

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

Aaron P & Abigail B Bean

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 2018 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	2001 Friendly Road, Fernandina Beach, FL 32034
B	84164 St. Paul Blvd, Fernandina Beach, FL 32034
C	84042 St. James Court, Fernandina Beach, FL 32034

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	A	B		
A	1			365					
B	1			365					
C	1			365					

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	5,143	13,030	8,225
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6	14	14	30
7 Cleaning and maintenance	7	250	746	844
8 Commissions	8			125
9 Insurance	9	2,160	519	756
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	3,361	3,109	3,449
13 Other interest	13	3,477	3,477	3,477
14 Repairs	14	3,498	1,099	1,237
15 Supplies	15			
16 Taxes	16			
17 Utilities	17		250	323
18 Depreciation expense or depletion	18	3,860	4,528	4,237
19 Other (list) See Statement 1,2	19		108	10
20 Total expenses. Add lines 5 through 19	20	16,620	13,850	14,488
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	-11,477	-820	-6,263
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	0	0	0

23a Total of all amounts reported on line 3 for all rental properties	23a	26,398
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	9,919
d Total of all amounts reported on line 18 for all properties	23d	12,625
e Total of all amounts reported on line 20 for all properties	23e	44,958

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	

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

Your social security number

Aaron P & Abigail B Bean

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

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk, 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 6 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A and B list High Energy Auction Company, Inc. with employer ID **-***3889 and basis computation checked.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss from Schedule K-1, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Totals for passive loss and nonpassive loss are 0 and 26,992 respectively. Total partnership and S corporation income is 26,992.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are currently empty.

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. Totals for passive income and deduction are 0 and 0 respectively. Total estate and trust income is 0.

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. Row 38 is currently empty.

Part V Summary

Summary table with 2 columns: Description, Amount. Line 40: Net farm rental income or (loss) from Form 4835. Line 41: Total income or (loss). Line 42: Reconciliation of farming and fishing income. Line 43: Reconciliation for real estate professionals. Total income is 26,992.

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040 or Form 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service(99)
Name(s) shown on return

Identifying number

Aaron P & Abigail B Bean

Part I 2018 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	18,560	
1c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	22,563	
d	Combine lines 1a, 1b, and 1c		1d -41,123
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a	Commercial revitalization deductions from Worksheet 2, column (a)		
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
c	Add lines 2a and 2b		2c ()
All Other Passive Activities			
3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))		
d	Combine lines 3a, 3b, and 3c		3d
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used. If line 4 is a loss and: • Line 1d is a loss, go to Part II. • Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. • Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.		4 -41,123

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		5 41,123
6	Enter \$150,000. If married filing separately, see instructions	6 150,000	
7	Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.	7 165,479	
8	Subtract line 7 from line 6	8	
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	0

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	Total losses allowed from all passive activities for 2018. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0

Aaron P & Abigail B Bean



Form 8582 (2018)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
See Statement 3					
Total. Enter on Form 8582, lines 1a, 1b, and 1c		18,560	22,563		

Worksheet 2 – For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5 – Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Residential Rental	Sch E1	25,194	0.6126	25,194
Residential Rental	Sch E1	5,013	0.1219	5,013
Residential Rental	Sch E1	10,916	0.2655	10,916
Total		41,123	1.00	41,123

Aaron P & Abigail B Bean



Form 8582 (2018)

Worksheet 6 – Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Residential Rental	Sch E1	25,194	25,194	
Residential Rental	Sch E1	5,013	5,013	
Residential Rental	Sch E1	10,916	10,916	
Total		41,123	41,123	

Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions): 1a Net loss plus prior year unallowed loss from form or schedule b Net income from form or schedule c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions): 1a Net loss plus prior year unallowed loss from form or schedule b Net income from form or schedule c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions): 1a Net loss plus prior year unallowed loss from form or schedule b Net income from form or schedule c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

Form **1040** | **Form 1040 Reconciliation Worksheet** | **2018**

Filing Status: 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household* 5 Qualifying widow(er)*
 *Qualifying person that is a child but not a dependent.

MFS spouse name: _____
 Taxpayer first name and initial: **Aaron P** Last name: **Bean** Taxpayer social security number: [REDACTED]

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

Home address (number and street). If you have a P.O. box, see instructions: **305 Bonnieview Road** Apt. no. _____ Presidential Election Campaign
 Taxpayer Spouse

City, town or post office, state, and ZIP code: **Fernandina Beach FL 32034**

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

6a Taxpayer. If someone can claim you as a dependent, do not check box 6a
 b Spouse
 Boxes checked on 6a and 6b: **2**
 Children on 6c who lived with you: **2**
 Children on 6c who did not live with you: _____
 Dependents on 6c not entered above: _____
 Total. Add lines above: **4**

6c Dependents:			(4) <input checked="" type="checkbox"/> if qualifies for		If more than four dependents, <input type="checkbox"/> here
(1) First name	Last name	(2) Social security number	(3) Relationship to you	Child tax credit	
Gray P.	Bean	[REDACTED]	Son		<input type="checkbox"/>
Walker A.	Bean	[REDACTED]	Son		

Income (Schedule 1)	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	138,487
	8a Taxable interest. Attach Schedule B if required	8a	
	b Tax-exempt interest. Do not include on line 8a	8b	
	9a Ordinary dividends. Attach Schedule B if required	9a	
	b Qualified dividends	9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	
	b Taxable amount	15b	
	16a Pensions and annuities	16a	29,977
	b Taxable amount	16b	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	26,992
	18 Farm income or (loss). Attach Schedule F	18	
	19 Unemployment compensation	19	
	20a Social security benefits	20a	
	b Taxable amount	20b	
	21 Other income. List type and amount	21	
	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	165,479

Adjusted Gross Income (Schedule 1)	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 Reserved	34	
35 Reserved	35		
	36 Add lines 23 through 35	36	
	37 Subtract line 36 from line 22. This is your adjusted gross income	37	165,479

Name Aaron P & Abigail B Bean Taxpayer Identification Number [REDACTED]

38 Amount from line 37 (adjusted gross income) 38 165,479

Tax and Credits 39a Check [] You were born before January 2, 1954, [] Blind. Total boxes checked 39a [] if: [] Spouse was born before January 2, 1954, [] Blind. 39b []

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b []

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 24,000

41 Subtract line 40 from line 38 41 141,479

42 Qualified business income deduction (see instructions) 42 5,398

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 136,081

44 Tax (see instr.). Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 44 21,817

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 21,817

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/credit for other dependents 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a [] 3800 b [] 8801 c [] 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 21,817

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 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 or exempt [X] 61

62 Taxes from: a [] Form 8959 b [] Form 8960 c [] Instructions; enter code(s) 62

63 Section 965 net tax liability installment from Form 965-A 63

64 Add lines 56 through 62. This is your total tax 64 21,817

65 Federal income tax withheld from Forms W-2 and 1099 65 25,194

66 2018 estimated tax payments and amount applied from 2017 return 66

67a Earned income credit (EIC) 67a

b Nontaxable combat pay election [67b] 67b

68 Additional child tax credit. Attach Schedule 8812 68

69 American opportunity credit from Form 8863, line 8 69

70 Net premium tax credit. Attach Form 8962 70

71 Amount paid with request for extension to file 71

72 Excess social security and tier 1 RRTA tax withheld 72 32

73 Credit for federal tax on fuels. Attach Form 4136 73

74 Credits from Form: a [] 2439 b [] Reserved c [] 8885 d [] 74

75 Add lines 65, 66, 67a, and 68 through 74. These are your total payments 75 25,226

76 If line 75 is more than line 64, subtract line 64 from line 75. This is the amount you overpaid 76 3,409

77a Amount of line 76 you want refunded to you. If Form 8888 is attached, check here [] 77a 3,409

b Routing number 063013924 c Type: [X] Checking [] Savings 77b

d Account number ****6888 77c

78 Amount of line 76 you want applied to your 2019 estimated tax 78

79 Amount you owe. Subtract line 75 from line 64. For details on how to pay, see instructions 79

You Owe 80 Estimated tax penalty (see instructions) 80

Interest Date Return filed Late filing interest (INT) Failure to file Failure to pay

Penalties Total

Third Party Designee [X] Paid Preparer is 3rd Party Designee, Third Party Designee information not required

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [] No

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

Other Info Taxpayer Daytime phone number Taxpayer: Occupation Public Relations Spouse: Occupation Executive Director

IRS Identity Protection PIN IRS Identity Protection PIN

Federal Statements

Residential Rental

Statement 1 - Schedule E, Line 19 - Other Expenses

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
HOA Dues	\$ 108		\$ 108
Total	<u>\$ 108</u>		<u>\$ 108</u>

Residential Rental

Statement 2 - Schedule E, Line 19 - Other Expenses

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
Bank charges	\$ 10		\$ 10
Total	<u>\$ 10</u>		<u>\$ 10</u>

Federal Statements

Statement 3 - Form 8582 Page 2 Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c

Description	Current Year Net Income	Current Year Net Loss	Prior Year Unallowed Loss	Overall Gain	Overall Loss
Residential Rental	\$	\$ 11,477	\$ 13,717	\$	\$ 25,194
Residential Rental		820	4,193		5,013
Residential Rental		6,263	4,653		10,916
Total	\$ 0	\$ 18,560	\$ 22,563		

Name Aaron P Bean	Taxpayer Identification Number [REDACTED]
Name of Entity High Energy Auction Company, Inc.	EIN**-*** 3889
Passive Activity Type Not Passive	K1 Unit 3

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	3,696
Increases to stock basis		
2. Capital contributions	2.	
3. Ordinary business income	3.	13,496
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest and other tax-exempt income	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	13,496
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	17,192
Decreases to stock basis		
15. Distributions allowed	15.	12,330
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	4,862
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	156
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	156
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	4,706

Shareholder Loan Basis

22. Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22.	
23. Loans to corporation	23.	
24. Loan basis restored from line 19 above	24.	
25. Other increases to loan basis	25.	
26. Loan repayments from line 40	26.	
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	0
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29. Other decreases to loan basis	29.	
30. Total decreases to loan basis. Add lines 28 and 29	30.	0
31. Loan basis at the end of year (Subtract line 30 from line 27). Per IRC 1367(b)(2)(A) do not enter an amount below zero	31.	0
32. Stock and loan basis at the end of the year (Add lines 21 and line 31)	32.	4,706

Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	12,330
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.	17,192
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.	0

● Sch D/8949, short-term capital gain _____ ● Sch D/8949, long-term capital gain _____

Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.	
37. Basis restored - amount used in prior years to offset losses	37.	
38. Loan basis before loan repayment. Add line 36 and line 37	38.	
39. Face amount of shareholder loan at beginning of tax year	39.	
40. Loan repayments to shareholder during tax year	40.	
41. Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40	41.	
42. Gain recognized on repayment of shareholder loan (Subtract line 41 from line 40)	42.	

● Sch D/8949, short-term capital gain _____
 ● Sch D/8949, long-term capital gain _____
 ● Ordinary income on Schedule E page 2 _____

Name Abigail B Bean	Taxpayer Identification Number [REDACTED]
Name of Entity High Energy Auction Company, Inc.	EIN ** - *** 3889
Passive Activity Type Not Passive	K1 Unit 4

Shareholder Stock Basis

1. Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	3,700
Increases to stock basis		
2. Capital contributions	2.	
3. Ordinary business income	3.	13,496
4. Net rental real estate income	4.	
5. Other net rental income	5.	
6. Interest, dividends and royalties	6.	
7. Net capital gains	7.	
8. Net section 1231 gain and ordinary business gain	8.	
9. Tax-exempt interest and other tax-exempt income	9.	
10. Other income	10.	
11. Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12. Other increases to stock basis	12.	
13. Total increases to stock basis. Combine lines 2 through 12	13.	13,496
14. Stock basis before distributions and items of loss or deductions. Add line 1 and line 13 and enter the result here	14.	17,196
Decreases to stock basis		
15. Distributions allowed	15.	12,330
16. Stock basis after distributions and before items of loss or deductions. Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	4,866
17. Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	155
18. Other decreases to stock basis	18.	
19. Amount used to restore loan basis	19.	
20. Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	155
21. Stock basis at the end of year. (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	4,711

Shareholder Loan Basis

22. Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22.	
23. Loans to corporation	23.	
24. Loan basis restored from line 19 above	24.	
25. Other increases to loan basis	25.	
26. Loan repayments from line 40	26.	
27. Loan basis before losses and deductions. Combine lines 22 through 26	27.	0
28. Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29. Other decreases to loan basis	29.	
30. Total decreases to loan basis. Add lines 28 and 29	30.	0
31. Loan basis at the end of year (Subtract line 30 from line 27). Per IRC 1367(b)(2)(A) do not enter an amount below zero	31.	0
32. Stock and loan basis at the end of the year (Add lines 21 and line 31)	32.	4,711

Gain Recognized on Excess Distributions

33. Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	12,330
34. Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.	17,196
35. Total gain recognized on excess distributions. (Subtract line 34 from line 33)	35.	0

● Sch D/8949, short-term capital gain _____ ● Sch D/8949, long-term capital gain _____

Gain Recognized on Repayment of Shareholder Loan

36. Loan basis at beginning of tax year	36.	
37. Basis restored - amount used in prior years to offset losses	37.	
38. Loan basis before loan repayment. Add line 36 and line 37	38.	
39. Face amount of shareholder loan at beginning of tax year	39.	
40. Loan repayments to shareholder during tax year	40.	
41. Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40	41.	
42. Gain recognized on repayment of shareholder loan (Subtract line 41 from line 40)	42.	

● Sch D/8949, short-term capital gain _____
 ● Sch D/8949, long-term capital gain _____
 ● Ordinary income on Schedule E page 2 _____

