

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

LAST NAME — FIRST NAME — MIDDLE NAME:

CALDERWOOD DENISE LYNN

MAILING ADDRESS:

44 BUTTERMILL DRIVE

PAW COAST FL 32137 FLAGLER

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

FLAGLER COUNTY COMMISSION

CHECK IF THIS IS A FILING BY A CANDIDATE

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS  
2015 JUN 24 A 10:06

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 20, 20 16 was \$ 23,200.

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 \$ 27,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
HOUSEHOLD GOODS (2 CARS, FURNITURE, COMPUTERS)	\$ 27,000
HOUSE 44 BUTTERMILL DR. PAW COAST	189,600
HOUSE 211 HARRIS HILL RD FULTON NY	89,000
RV + SLIDE IN CAMPER	9,500

PART C — LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
S+G SERVICING (N.Y. HOUSE)	\$ 66,000
DELL FINANCIAL (COMPUTERS + PRINTER)	1,100

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
IRS TAXES - US GOVERNMENT	16,200

PART D -- INCOME

COPY

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 2015 federal income tax return, including all W-2's, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted on the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W-2's, schedules, and attachments. [If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

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

2015 JUN 24 A 10:06

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	CALDERWOOD CONSULTING		
ADDRESS OF BUSINESS ENTITY	44 BUTTERMILL DR		
PRINCIPAL BUSINESS ACTIVITY	GRANTWRITING		
POSITION HELD WITH ENTITY	PRESIDENT		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES		
NATURE OF MY OWNERSHIP INTEREST	OWNER/FOUNDER		

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

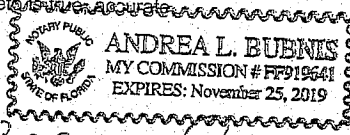
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

STATE OF FLORIDA  
COUNTY OF Flagler

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 24<sup>th</sup> day of June, 2016 by Denise L Calderwood



Andrea L Bubnis  
(Signature of Notary Public—State of Florida)

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

Denise L Calderwood  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known  OR Produced Identification   
Type of Identification Produced \_\_\_\_\_

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

**COPY**

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 20

Your first name and initial: RICHARD T  
 Last name: CALDERWOOD  
 Your social security number: [REDACTED]

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

Home address (number and street): 44 BUTTERMILL DR  
 City, town or post office, state, and ZIP code: PALM COAST FL 32137  
 Foreign country name: Foreign province/state/county: Foreign postal code:

See separate 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

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**Filing Status**

1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here.

4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.  
 5  Qualifying widow(er) with dependent child

**Exemptions**

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

(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)

d Total number of exemptions claimed: 2

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	22,888
8a	Taxable interest. Attach Schedule B if required	8a	
8b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
9b	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	(70,083)
15a	IRA distributions	15a	
15b	Taxable amount	15b	
16a	Pensions and annuities	16a	
16b	Taxable amount	16b	4,013
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	45,721
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	16,098
20b	Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	2,539

**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	31a	
31b	Recipient's SSN	31b	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	2,539



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

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

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

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

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **13**

Name(s) shown on return

**RICHARD T & DENISE L CALDERWOOD**

Your social security number

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

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)  Yes  No  
 B If "Yes," did you or will you file required Forms 1099?  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	211 HARRIS HILL RD FULTON NY 13069				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	1		113	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<b>C</b>					<input type="checkbox"/>

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2016 JUN 24 A 10:06

**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	47,439		
4 Royalties received	4			
<b>Expenses:</b>				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
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	710		
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18	1,008		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	1,718		
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	45,721		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( )	( )	( )
23a Total of all amounts reported on line 3 for all rental properties	23a	47,439		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d	1,008		
e Total of all amounts reported on line 20 for all properties	23e	1,718		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			45,721
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			( 0 )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			45,721

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

Name(s) shown on return

RICHARD T & DENISE L CALDERWOOD

Identifying number

[REDACTED]

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1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

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

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Row 1: Statement #1, (70,083)

3 Gain, if any, from Form 4684, line 39 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5
6 Gain, if any, from line 32, from other than casualty or theft 6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 (70,083)

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

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

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

Part II Ordinary Gains and Losses (see instructions)

Table for Part II with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Row 10: Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7 11 ( 70,083 )
12 Gain, if any, from line 7 or amount from line 8, if applicable 12
13 Gain, if any, from line 31 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16
17 Combine lines 10 through 16 17 (70,083)

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 18b (70,083)

Form **8960**

**Net Investment Income**  
Individuals, Estates, and Trusts

OMB No. 1545-2227

**2015**

Department of the Treasury  
Internal Revenue Service (99)

KEEP FOR YOUR RECORDS ~~DO NOT SEND TO THE IRS.~~  
Information on Form 8960 and its separate instructions is at [www.irs.gov/form8960](http://www.irs.gov/form8960).

Attachment  
Sequence No. **72**

Name(s) shown on your tax return

**RICHARD T & DENISE L CALDERWOOD**

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Your social security number or EIN

**Part I Investment Income**

- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

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1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	45,721	4c	45,721
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)			
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	(70,083)	5d	(70,083)
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)			
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)			
d	Combine lines 5a through 5c			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	(24,362)

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	0

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-	12	(24,362)
13	Modified adjusted gross income (see instructions)	13	SEE BELOW
14	Threshold based on filing status (see instructions)	14	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	
16	Enter the smaller of line 12 or line 15	16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)	17	0
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)	21	

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

Form 8960 (2015)

1. Net investment income not including prior year NII NOL deduction.....	(24,362)
2. Current year NOL from Form 1045, page 3.....	(1,474)
3. Ratio of net investment income to current year NOL.....	1.0000

# Federal Supporting Statements

Name(s) as shown on return  
**RICHARD T & DENISE I CALDERWOOD**

2015 PG01  
 Your Social Security Number

FORM 4797 - PART 1

Statement #1

DESCRIPTION	ACQUIRED	SOLD	PRICE	DEPR.	COST	NET
RESIDENTIAL HOME	01-01-2006	04-23-2015	0	31,450	101,500	(70,050)
DESCRIPTION	ACQUIRED	SOLD	PRICE	DEPR.	COST	NET
STOVE	06-01-2007	04-23-2015	0	374	374	0
DESCRIPTION	ACQUIRED	SOLD	PRICE	DEPR.	COST	NET
CARPET	03-05-2007	04-23-2015	0	1,491	1,491	0
DESCRIPTION	ACQUIRED	SOLD	PRICE	DEPR.	COST	NET
CARPET	05-01-2009	04-23-2015	0	275	275	0
DESCRIPTION	ACQUIRED	SOLD	PRICE	DEPR.	COST	NET
GARAGE DOOR	05-01-2009	04-23-2015	0	702	735	(33)
DESCRIPTION	ACQUIRED	SOLD	PRICE	DEPR.	COST	NET
STOVE	05-01-2009	04-23-2015	0	289	289	0
TOTAL						
			0	34,581	104,664	(70,083)

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Schedule A - NOL (see instructions)

1	Enter the amount from your 2015 Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount (see instructions) . . . . .			1	(11,311)
2	Nonbusiness capital losses before limitation. Enter as a positive number . . . . .	2			
3	Nonbusiness capital gains (without regard to any section 1202 exclusion) . . . . .	3			
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0- . . . . .	4			
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0- . . . . .	5			
6	Nonbusiness deductions (see instructions) . . . . .	6	13,850		
7	Nonbusiness income other than capital gains (see instructions) . . . . .	7	4,013		
8	Add lines 5 and 7 . . . . .	8	4,013		
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0- . . . . .	9			9,837
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. But do not enter more than line 5 . . . . .	10			
11	Business capital losses before limitation. Enter as a positive number . . . . .	11			
12	Business capital gains (without regard to any section 1202 exclusion) . . . . .	12			
13	Add lines 10 and 12 . . . . .	13			
14	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	14			
15	Add lines 4 and 14 . . . . .	15			
16	Enter the loss, if any, from line 16 of your 2015 Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 19, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15 . . . . .	16			
17	Section 1202 exclusion. Enter as a positive number . . . . .	17			
18	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	18			
19	Enter the loss, if any, from line 21 of your 2015 Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 20 of Schedule D (Form 1041).) Enter as a positive number . . . . .	19			
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0- . . . . .	20			
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0- . . . . .	21			
22	Subtract line 20 from line 15. If zero or less, enter -0- . . . . .	22			
23	Domestic production activities deduction from your 2015 Form 1040, line 35, or Form 1040NR, line 34 (or included on Form 1041, line 15a) . . . . .	23			
24	NOL deduction for losses from other years. Enter as a positive number . . . . .	24			
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL . . . . .	25			(1,474)

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## Depreciation Detail Listing

RENTAL HOUSE

For your records only.

2015

PAGE 1

Name(s) as shown on return:

RICHARD T & DENISE L CALDERWOOD

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FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

Social security number FIN

\* = Item was disposed of during current year.

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
	Asset(s) Sold						
1	RESIDENTIAL HOME	01012006	101,500	8,000	100.00		93,500
2	STOVE	06012007	374		100.00		374
3	CARPET	03052007	1,491		100.00		1,491
4	CARPET	05012009	275		100.00		275
5	GARAGE DOOR	05012009	735		100.00		367
6	STOVE	05012009	289		100.00		289
Totals			104,664	8,000			96,296

Land Amount =

Net Depreciable Cost = 104,664

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
1	27.5	SL MM	1.061		31,450	992		992
2	5		0		374			
3	5		0		1,491			
4	5		0		275		138	
5	7	200 DB HY	8.93		702	16	368	16
6	5		0		289		145	
Totals					34,581	1,008		1,008

ST ADJ:

(17)

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## Depreciation Detail Listing

STATE RENTAL HOUSE

For your records only

2015  
PAGE 1

Name(s) as shown on return  
RICHARD T & DENISE L CALDERWOOD

Social security number / EIN  
[REDACTED]

\* = Item was disposed of during current year.

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SUPERVISOR OF ELECTIONS

No.	Description	Date	Cost	Salvage	Business %	Sec. 179	Depr. Basis
	Asset(s) Sold						
1	RESIDENTIAL HOME	01012006	101,500	8,000	100.00		101,500
2	STOVE	06012007	374		100.00		374
3	CARPET	03052007	1,491		100.00		1,491
4	CARPET	05012009	275		100.00		275
5	GARAGE DOOR	05012009	735		100.00		735
6	STOVE	05012009	289		100.00		289
Totals			104,664	8,000			104,664

Land Amount =

Net Depreciable Cost = 104,664

No.	Life	Method	Rate	Prior exp	Accum dep	Current	Bonus depreciation	AMT Current
1	27.5	SL MM	1.061		31,450	992		
2	5		0		374			
3	5		0		1,491			
4	5		0		275			
5	7	200 DB HY	8.93		671	33		
6	5		0		288			
Totals					34,549	1,025		

ST ADJ:

COPY

New York Return Summary

(Keep for your records)

2015

Your Name: RICHARD CALDERWOOD  
 Spouse's Name: DENISE L CALDERWOOD  
 Mailing address: 44 BUTTERMILL DR  
 City State Zip: PALM COAST FL 32137  
 Email: RTVC1947@GMAIL.COM

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 SUPERVISOR OF ELECTIONS  
 2015 JUN 24 4 10 07  
 Apartment number

Your social security number: [REDACTED]  
 Spouse's social security number: [REDACTED]  
 Daytime Phone #: 386-225-3385

New York State Income Tax Return

Other New York and New York City Returns

Form Filed: IT-203  
 Filing Status: MARRIED FILING JOINT  
 NYS Residency: FULL-YEAR NONRESIDENT  
 NYC Residency: NONRESIDENT/SP-NONRESIDENT  
 Yonkers Residency: NONRESIDENT/SP-NONRESIDENT

Unincorporated Business Tax (NYC-202)

	Taxpayer	Spouse
Taxable income		
Tax		
Credits		
Estimate and extension payments		
Amount due or -refund		
Amount refunded		
Overpayment applied		
Underpayment of estimates		
Failure to pay penalty		
Failure to file penalty		
Late filing interest		
Total balance due		

Advanced Payments Received

Property tax freeze credit 0.

Income, Adjustments and Deductions

Federal adjusted gross income (FAGI)	2539.
FAGI (NYS Column - IT-203 filers)	-24329.
Total additions	16.
Total Subtractions	64.
New York AGI	-1522.
NY AGI (NYS Col - IT-203 filers)	-24377.
Itemized <input type="checkbox"/> or standard <input type="checkbox"/> deduction	
Dependent Exemptions	
Taxable income	0.

LLC and LLP Filing Fee

Form IT-204-LL, amount due

MCTMT net earnings base

Tax, Payments, and Credits

New York State tax	
Nonrefundable state credits	
Net other state taxes	
Total NYS tax	
New York City taxes	
New York City nonrefundable credits	
MCTMT	
Yonkers taxes	
Use tax and contributions	0.
Total tax and contributions	
Total refundable credits	
Income tax withheld	
Estimate and extension payments	
Total payments and credits	
Penalties and Interest	
Refund	0.
Overpayment applied to next year	0.
Amount refunded	0.
Amount due	0.

Nonresident Employee of the City of New York (NYC 1127)

Taxable income		
Tax		
Credits and withholdings		
Balance due		
Refund		

Miscellaneous Information

Refundable Credits claimed.

Empire State child credit (IT-213)	
Family tax relief credit	0.
NYS/NYC Child Dep (IT-216)	
NYS EIC (IT-215 or IT-209)	
NYS noncustodial EIC (IT-209)	
NYC EIC IT-215 or IT-209	
Real property tax credit (IT-214)	
College tuition credit (IT-272)	
NYC school tax credit	
NYC enhanced real property tax credit	



Department of Taxation and Finance

### Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT  
For the year January 1, 2015, through December 31, 2015, or fiscal year beginning ... and ending ...

15
----

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For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial <b>RICHARD T</b>		Your last name (for a joint return, enter spouse's name on line below) <b>CALDERWOOD</b>		Your date of birth (mmddyyyy) <b>06271947</b>	Your social security number [REDACTED]
Spouse's first name and middle initial <b>DENISE L</b>		Spouse's last name <b>CALDERWOOD</b>		Spouse's date of birth (mmddyyyy) <b>12281967</b>	Spouse's social security number [REDACTED]
Mailing address (see instructions, page 14) (number and street or PO box) <b>44 BUTTERMILL DR</b>				Apartment number NR	No. ... NR
City, village, or post office <b>PALM COAST</b>		State <b>FL</b>	ZIP code <b>32137</b>	Country (if not United States)	School district name <b>NR</b>
Taxpayer's permanent home address (see instr., pg 14) (no. and street or rural route)			Apartment no.	City, village, or post office	School district code number
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

**A Filing status**  
(mark an X in one box):

- (1)  Single
- (2)  Married filing joint return  
*(enter both spouses' social security numbers above)*
- (3)  Married filing separate return  
*(enter both spouses' social security numbers above)*
- (4)  Head of household *(with qualifying person)*
- (5)  Qualifying widow(er) with dependent child

- B** Did you itemize your deductions on your 2015 federal income tax return? Yes  No
- C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No
- D1** Did you have a financial account located in a foreign country? (see page 15) Yes  No
- D2** Yonkers residents and Yonkers part-year residents only:  
(1) Did you receive a property tax freeze credit? (see page 15) Yes  No   
(2) If Yes, enter the amount ...  .00

**E New York City part-year residents only** (see page 15)

- (1) Number of months you lived in NY City in 2015
- (2) Number of months your spouse lived in NY City in 2015

**F** Enter your 2-character special condition code(s) if applicable (see page 15)

**G** New York State part-year residents (see page 16)

- Enter the date you moved into or out of NYS (mmddyyyy)
- On the last day of the tax year (mark an X in one box):
- 1) Lived in NYS
  - 2) Lived outside NYS; received income from NYS sources during nonresident period
  - 3) Lived outside NYS; received no income from NYS sources during nonresident period

**H** New York State nonresidents (see page 16)

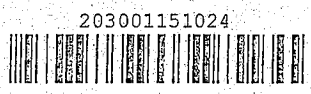
- Did you or your spouse maintain living quarters in NYS in 2015? Yes  No   
(If Yes, complete Form IT-203-B)



**I** Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



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Enter your social security number

[REDACTED]

**Federal income and adjustments** (see page 17)

Federal amount  
Whole dollars only

New York State amount  
Whole dollars only

1	Wages, salaries, tips, etc.	1	22888.00	1	.00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	7016.00	24	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	-70083.00	8	-70050.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	4013.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	45721.00	11	45721.00
12	Rental real estate included in line 11 (federal amount)	12	45721.00		
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 23) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	2539.00	17	-24329.00
18	Total federal adjustments to income (see page 23) Identify:	18	.00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	2539.00	19	-24329.00

**New York additions** (see page 25)

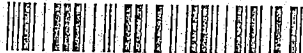
20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	16.00	22	16.00
23	Add lines 19 through 22	23	2555.00	23	-24313.00

**New York subtractions** (see page 26)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 26)	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15)	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	4013.00	28	.00
29	Other (Form IT-225; line 18)	29	64.00	29	64.00
30	Add lines 24 through 29	30	4077.00	30	64.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	-1522.00	31	-24377.00
32	Enter the amount from line 31, Federal amount column	32		32	.00

**Standard deduction or itemized deduction** (see page 28)

33	Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	33	.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35	000.00
36	New York taxable income (subtract line 35 from line 34)	36	.00



Name(s) as shown on page 1  
**RICHARD T & DENISE L CALDERWOOD**

Enter your social security number  
[REDACTED]

### Tax computation, credits, and other taxes

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37	New York taxable income (from line 36 on page 2)	37	.00
38	New York State tax on line 37 amount (see page 29)	38	.00
39	New York State household credit (page 29, table 1, 2, or 3)	39	.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	.00
41	New York State child and dependent care credit (see page 30)	41	.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	.00
43	New York State earned income credit (see page 30)	43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) 44 .00

45 Income percentage (see page 30)  New York State amount from line 31  .00 ÷ Federal amount from line 31  .00 = Round result to 4 decimal places 45

46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	.00
47	New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	.00
49	Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50	Total New York State taxes (add lines 48 and 49)	50	.00

### New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51	Part-year New York City resident tax (Form IT-360.1)	51	.00
52	Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a	Subtract line 52 from 51	52a	.00
52b	MCTMT net earnings base	52b	.00
52c	MCTMT	52c	.00
53	Yonkers nonresident earnings tax (Form Y-203)	53	.00
54	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00

See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.) 56 0.00

### Voluntary contributions (see page 33)

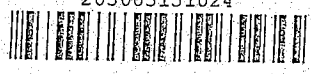
57a	Return a Gift to Wildlife	57a	.00
57b	Missing/Exploited Children Fund	57b	.00
57c	Breast Cancer Research Fund	57c	.00
57d	Alzheimer's Fund	57d	.00
57e	Olympic Fund (\$2 or \$4)	57e	.00
57f	Prostate and Testicular Cancer Research and Education Fund	57f	.00
57g	9/11 Memorial	57g	.00
57h	Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i	Teen Health Education	57i	.00
57j	Veterans Remembrance	57j	.00
57k	Homeless Veterans	57k	.00
57l	Mental Illness Anti-Stigma Fund	57l	.00
57m	Women's Cancers Education and Prevention Fund	57m	.00



57 Total voluntary contributions (add lines 57a through 57m) 57 .00

58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) 58 .00

203003151024



Enter your social security number  
[REDACTED]

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59 Enter amount from line 58 ..... 59 .00

**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (also complete E on front; see page 34)	60	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62 Total New York State tax withheld	62	.00
63 Total New York City tax withheld	63	.00
64 Total Yonkers tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-370	65	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

**Your refund, amount you owe, and account information** (see pages 36 through 38)

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66)	67	.00
68 Amount of line 67 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit (fill in line 73) - or - <input type="checkbox"/> debit card - or - <input type="checkbox"/> paper check	68	.00
69 Amount of line 67 that you want applied to your 2016 estimated tax (see instructions)	69	.00
70 Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 73 and 74. If you pay by check or money order you must complete Form IT-201-V and mail it with your return	70	.00
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37)	71	.00
72 Other penalties and interest (see page 37)	72	.00

See page 36 for information about your three refund choices.

See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38)

73a Account type:  Personal checking - or -  Personal savings - or -  Business checking - or -  Business savings

73b Routing number [REDACTED] 73c Account number [REDACTED]

74 Electronic funds withdrawal (see page 38) ..... Date [REDACTED] Amount [REDACTED].00

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name MARY M LANGHAUSER	Designee's phone number 386-446-3570	Personal identification number (PIN)
E-mail: MLANGHAUSER@CFL.RR.COM			

▼ Paid preparer must complete (see instructions)	▼ Preparer's NYTPRIN NYTPRIN excl. code 03
Preparer's signature 	Preparer's printed name MARY M LANGHAUSER
Firm's name (or yours, if self-employed) MARY M LANGHAUSER	Preparer's PTIN or SSN P00021314
Address 35 BARKWOOD LANE PALM COAST, FL 32137	Employer identification number 20-1675128
E-mail: MLANGHAUSER@CFL.RR.COM	Date 04042016

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number 386-225-3385
E-mail: RTVC1947@GMAIL.COM	

See instructions for where to mail your return.





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Department of Taxation and Finance  
New York State Depreciation Schedule for  
IRC Section 168(k) Property

IT-398

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2015 JUN 24 A 10 07

Use this form only for tax years beginning after December 31, 2002, and only for property placed in service inside or outside New York State after May 31, 2003.

Name(s) as shown on return  
RICHARD T & DENISE L CALDERWOOD  
Identifying number as shown on return

Mark an X in one box to show the income tax return you are filing and submit this form with that return.

IT-201, Resident  IT-203, Nonresident and part-year resident  IT-204, Partnership  IT-205, Fiduciary

Part 1 - Depreciation information for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

A Description of property (use additional sheet if needed)	B Date placed in service	C Depreciable basis	D Convention	E Method	F New York depreciation deduction	G Federal depreciation deduction	
GARAGE DOOR	05012009	735.00	HY	200 D	33.00	16.00	
		.00			.00	.00	
		.00			.00	.00	
		.00			.00	.00	
1 Enter column F and column G totals					1	33.00	16.00

Transfer the column F total to: Form IT-225, line 10, Total amount column and enter subtraction modification S-213 in the Number column.	Transfer the column G total to: Form IT-225, line 1, Total amount column and enter addition modification A-209 in the Number column.
---	---

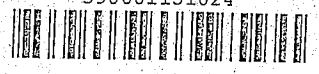
Part 2 - Year-of-disposition adjustment for IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 (see instructions)

Mark an X in the box if you claimed an investment credit on Form IT-212, Investment Credit, for any property listed below (see instructions)

A Description of property (use additional sheet if needed)	B Date of disposition	C Method of disposition	D Total New York depreciation deduction	E Total federal depreciation deduction	
GARAGE DOOR	04232015	SALE	671.00	702.00	
			.00	.00	
			.00	.00	
			.00	.00	
2 Enter column D and column E totals			2	671.00	702.00
3 Enter amount from line 2, column E			3		702.00
4 Enter amount from line 2, column D			4		671.00
5 Subtract line 4 from line 3			5		31.00

Transfer the line 5 amount to Form IT-225, line 10, Total amount column and enter subtraction modification S-214 in the Number column.

398001151024



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# IT-2



Department of Taxation and Finance

## Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

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### W-2 Record 1

Box a Employee's social security number for this W-2 record

[REDACTED]

Box b Employer identification number (EIN)

95-4166465

Box c Employer's name and full address (including ZIP code)

EVENT SERVICES AMERICA INC  
PO BOX 280456  
NORTHRIDGE, CA 91328

Box 1 Wages, tips, other compensation  
989 00

Box 12a Amount  
00

Box 14a Amount  
00 Description

Box 8 Allocated tips  
00

Box 12b Amount  
00

Box 14b Amount  
00 Description

Box 10 Dependent care benefits  
00

Box 12c Amount  
00

Box 14c Amount  
00 Description

Box 11 Nonqualified plans  
00

Box 12d Amount  
00

Box 14d Amount  
00 Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

00

Box 17a NYS income tax withheld

00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a  
Locality b

00  
00

Box 19 Local income tax withheld

Locality a  
Locality b

00  
00

Box 20 Locality name

Locality a  
Locality b

### W-2 Record 2

Do not detach.

Box a Employee's social security number for this W-2 record

[REDACTED]

Box b Employer identification number (EIN)

95-4166465

Box c Employer's name and full address (including ZIP code)

EVENT SERVICES AMERICA INC  
PO BOX 280456  
NORTHRIDGE, CA 91328

Box 1 Wages, tips, other compensation  
440 00

Box 12a Amount  
00

Box 14a Amount  
00 Description

Box 8 Allocated tips  
00

Box 12b Amount  
00

Box 14b Amount  
00 Description

Box 10 Dependent care benefits  
00

Box 12c Amount  
00

Box 14c Amount  
00 Description

Box 11 Nonqualified plans  
00

Box 12d Amount  
00

Box 14d Amount  
00 Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

NY

Box 16a NYS wages, tips, etc.

00

Box 17a NYS income tax withheld

00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a  
Locality b

00  
00

Box 19 Local income tax withheld

Locality a  
Locality b

00  
00

Box 20 Locality name

Locality a  
Locality b

102001151024





Department of Taxation and Finance

# Summary of W-2 Statements

# IT-2

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New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS

## W-2 Record 1

Box a Employee's social security number for this W-2 record

[Redacted]

Box b Employer identification number (EIN)

59-2703068

Box c Employer's name and full address (including ZIP code)

PLANTATION BAY  
103A N LAKE RD  
ORMOND BEACH, FL 32174

2016 JUN 24 A 10:07

Box 1 Wages, tips, other compensation  
12490 00

Box 12a Amount  
00 Code

Box 14a Amount  
00 Description

Box 8 Allocated tips  
00

Box 12b Amount  
00 Code

Box 14b Amount  
00 Description

Box 10 Dependent care benefits  
00

Box 12c Amount  
00 Code

Box 14c Amount  
00 Description

Box 11 Nonqualified plans  
00

Box 12d Amount  
00 Code

Box 14d Amount  
00 Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State  
NY

Box 16a NYS wages, tips, etc.  
00

Box 17a NYS income tax withheld  
00

Other state information:

Box 15b other state  
00

Box 16b Other state wages, tips, etc.  
00

Box 17b Other state income tax withheld  
00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a 00  
Locality b 00

Box 19 Local income tax withheld  
Locality a 00  
Locality b 00

Box 20 Locality name  
Locality a  
Locality b

## W-2 Record 2

Do not detach.

Box a Employee's social security number for this W-2 record

[Redacted]

Box b Employer identification number (EIN)

59-2703068

Box c Employer's name and full address (including ZIP code)

PLANTATION BAY  
103A N LAKE RD  
ORMOND BEACH, FL 32174

Box 1 Wages, tips, other compensation  
6845 00

Box 12a Amount  
00 Code

Box 14a Amount  
00 Description

Box 8 Allocated tips  
00

Box 12b Amount  
00 Code

Box 14b Amount  
00 Description

Box 10 Dependent care benefits  
00

Box 12c Amount  
00 Code

Box 14c Amount  
00 Description

Box 11 Nonqualified plans  
00

Box 12d Amount  
00 Code

Box 14d Amount  
00 Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State  
NY

Box 16a NYS wages, tips, etc.  
00

Box 17a NYS income tax withheld  
00

Other state information:

Box 15b other state  
00

Box 16b Other state wages, tips, etc.  
00

Box 17b Other state income tax withheld  
00

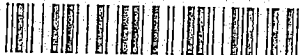
NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a 00  
Locality b 00

Box 19 Local income tax withheld  
Locality a 00  
Locality b 00

Box 20 Locality name  
Locality a  
Locality b

102001151024





Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

# COPY IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

## W-2 Record 1

RECEIVED  
FLAGLER COUNTY  
SUPERVISOR OF ELECTIONS  
2016 JUN 24 A 10 07

Box a Employee's social security number for this W-2 record

[Redacted]

Box b Employer identification number (EIN)

59-1157081

Box c Employer's name and full address (including ZIP code)

FLAGLER COLLEGE INC  
PO BOX 1027  
SAINT AUGUSTINE, FL 32085

Box 1 Wages, tips, other compensation  
2124 00

Box 8 Allocated tips  
00

Box 10 Dependent care benefits  
00

Box 11 Nonqualified plans  
00

Box 12a Amount  
00

Box 12b Amount  
00

Box 12c Amount  
00

Box 12d Amount  
00

Box 14a Amount  
00

Box 14b Amount  
00

Box 14c Amount  
00

Box 14d Amount  
00

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State  N Y

Box 16a NYS wages, tips, etc.  
00

Box 17a NYS income tax withheld  
00

Other state information: Box 15b other state

Box 16b Other state wages, tips, etc.  
00

Box 17b Other state income tax withheld  
00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a 00  
Locality b 00

Box 19 Local income tax withheld  
Locality a 00  
Locality b 00

Box 20 Locality name  
Locality a  
Locality b

## W-2 Record 2

Do not detach.

Box a Employee's social security number for this W-2 record

[Redacted]

Box b Employer identification number (EIN)

[Redacted]

Box c Employer's name and full address (including ZIP code)

[Redacted]

Box 1 Wages, tips, other compensation  
00

Box 8 Allocated tips  
00

Box 10 Dependent care benefits  
00

Box 11 Nonqualified plans  
00

Box 12a Amount  
00

Box 12b Amount  
00

Box 12c Amount  
00

Box 12d Amount  
00

Box 14a Amount  
00

Box 14b Amount  
00

Box 14c Amount  
00

Box 14d Amount  
00

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State  N Y

Box 16a NYS wages, tips, etc.  
00

Box 17a NYS income tax withheld  
00

Other state information: Box 15b other state

Box 16b Other state wages, tips, etc.  
00

Box 17b Other state income tax withheld  
00

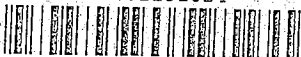
NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a 00  
Locality b 00

Box 19 Local income tax withheld  
Locality a 00  
Locality b 00

Box 20 Locality name  
Locality a  
Locality b

102001151024



Form IT-201 or IT-203 - Subtraction Modification for Qualified Pension Benefits or Distributions

2015

Name(s) as shown on return

RICHARD T & DENISE L CALDERWOOD

(Keep for your records. DO NOT send to the New York State DTF)

Identification number

Taxpayer / Primary on the NYS return

Table with 5 columns: Description, Taxable Amount, Amount Qualifying for NYS/Local Pension, Amount Qualifying for Pension Exclusion. Rows include Federal screen 3, IRA distributions, Pension distributions, and Total benefits or distributions.

Spouse / Secondary on the NYS return

Table with 5 columns: Description, Taxable Amount, Amount Qualifying for NYS/Local Pension, Amount Qualifying for Pension Exclusion. Rows include Federal screen 3, IRA distributions, Pension distributions, and Total benefits or distributions.

NOTE: Foreign pension distributions - The taxpayer must retain their distribution documentation to provide to the NYS Department of Taxation and Finance if necessary

**COPY**

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2015 pay stub plus any adjustments submitted by your employer.

Gross Pay	988.81	Social Security Tax Withheld	61.31	FL State Income Tax	Box 17 of W-2
Fed. Income Tax Withheld	40.81	Medicare Tax Withheld	14.34	SUI/SDI	Box 14 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Gross Pay	988.81	Wages, Tips, other Compensation	988.81	Social Security Wages	988.81	Medicare Wages	988.81	FL State Wages, Tips, Etc.	988.81
Reported W-2 Wages	988.81	Box 1 of W-2	988.81	Box 3 of W-2	988.81	Box 5 of W-2	988.81	Box 16 of W-2	988.81

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**DENISE L CALDERWOOD**  
 44 BUTTERMILL DRIVE  
 PALM COAST FL 32137

Social Security Num\*:  
 Taxable Marital Status: SINGLE  
 Exemptions/Allowances:  
 FEDERAL: 0  
 STATE: No State Income Tax

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Employer's name, address, and ZIP code  
**EVENT SERVICES AMERICA I NC**  
**PO BOX 280456**  
**NORTHRIDGE CA 91328**

Employer's FED ID number  
 95-4166465

1 Wages, tips, other comp.	988.81	2 Federal income tax withheld	40.81
3 Social security wages	988.81	4 Social security tax withheld	61.31
5 Medicare wages and tips	988.81	6 Medicare tax withheld	14.34

Control number: 4707 LOS2/VUD 000084  
 Dept: 000084  
 Corp: A  
 Employer use only: 401

Verification Code

Nonqualified plans

Other

13 Stat emp/Ret. plan/3rd party sick pay

16 State wages, tips, etc.

18 Local wages, tips, etc.

20 Locality name

1 Wages, tips, other comp. 988.81  
 2 Federal income tax withheld 40.81  
 3 Social security wages 988.81  
 4 Social security tax withheld 61.31  
 5 Medicare wages and tips 988.81  
 6 Medicare tax withheld 14.34

d Control number 074707 LOS2/VUD 000084  
 Dept. 000084  
 Corp. A  
 Employer use only 401

c Employer's name, address, and ZIP code  
**EVENT SERVICES AMERICA I NC**  
**PO BOX 280456**  
**NORTHRIDGE CA 91328**

e/f Employee's name, address and ZIP code  
**DENISE L CALDERWOOD**  
**44 BUTTERMILL DRIVE**  
**PALM COAST FL 32137**

1 Wages, tips, other comp. 988.81  
 2 Federal income tax withheld 40.81  
 3 Social security wages 988.81  
 4 Social security tax withheld 61.31  
 5 Medicare wages and tips 988.81  
 6 Medicare tax withheld 14.34

d Control number 074707 LOS2/VUD 000084  
 Dept. 000084  
 Corp. A  
 Employer use only 401

c Employer's name, address, and ZIP code  
**EVENT SERVICES AMERICA I NC**  
**PO BOX 280456**  
**NORTHRIDGE CA 91328**

e/f Employee's name, address and ZIP code  
**DENISE L CALDERWOOD**  
**44 BUTTERMILL DRIVE**  
**PALM COAST FL 32137**

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2015 pay stub plus any adjustments submitted by your employer.

Gross Pay	439.55	Social Security Tax Withheld	27.25	FL State Income Tax	Box 17 of W-2
Fed. Income Tax Withheld	15.85	Medicare Tax Withheld	6.37	SUI/SDI	Box 14 of W-2
Box 2 of W-2		Box 6 of W-2			

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	439.55	439.55	439.55	
Reported W-2 Wages	439.55	439.55	439.55	

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**RICHARD T CALDERWOOD**  
**44 BUTTERMILL DRIVE**  
**PALM COAST FL 32137**

Social Security Number: \_\_\_\_\_  
 Taxable Marital Status: \_\_\_\_\_  
 Exemptions/Allowances:  
 FEDERAL: 0  
 STATE: No State Income Tax

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Wages, tips, other comp.	439.55	2 Federal income tax withheld	15.85
Social security wages	439.55	4 Social security tax withheld	27.25
Medicare wages and tips	439.55	6 Medicare tax withheld	6.37
Control number	Dept.	Corp.	Employer use only
074708 LOS2/VUD	000084	A	402
Employer's name, address, and ZIP code			
EVENT SERVICES AMERICA I NC PO BOX 280456 NORTHRIDGE CA 91328			
Employer's FED ID number	95-4166465	8 Allocated tips	
Verification Code		10 Dependent care benefits	
Nonqualified plans		12a See instructions for box 12	
Other		12b	
		12c	
		12d	
13 Stat emp./Ret. plan/3rd party sick pay			
Employee's name, address and ZIP code			
RICHARD T CALDERWOOD 44 BUTTERMILL DRIVE PALM COAST FL 32137			
State	Employer's state ID no.	16 State wages, tips, etc.	
FL			
State income tax		18 Local wages, tips, etc.	
Local income tax		20 Locality name	

1 Wages, tips, other comp.	439.55	2 Federal income tax withheld	15.85
3 Social security wages	439.55	4 Social security tax withheld	27.25
5 Medicare wages and tips	439.55	6 Medicare tax withheld	6.37
d Control number	Dept.	Corp.	Employer use only
074708 LOS2/VUD	000084	A	402
c Employer's name, address, and ZIP code			
EVENT SERVICES AMERICA I NC PO BOX 280456 NORTHRIDGE CA 91328			
b Employer's FED ID number	95-4166465	a Employer's name, address, and ZIP code	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b	
		12c	
		12d	
13 Stat emp./Ret. plan/3rd party sick pay			
e/f Employee's name, address and ZIP code			
RICHARD T CALDERWOOD 44 BUTTERMILL DRIVE PALM COAST FL 32137			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
FL			
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

1 Wages, tips, other comp.	439.55	2 Federal income tax withheld	15.85
3 Social security wages	439.55	4 Social security tax withheld	27.25
5 Medicare wages and tips	439.55	6 Medicare tax withheld	6.37
d Control number	Dept.	Corp.	Employer use only
074708 LOS2/VUD	000084	A	402
c Employer's name, address, and ZIP code			
EVENT SERVICES AMERICA I NC PO BOX 280456 NORTHRIDGE CA 91328			
b Employer's FED ID number	95-4166465	a Employer's name, address, and ZIP code	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b	
		12c	
		12d	
13 Stat emp./Ret. plan/3rd party sick pay			
e/f Employee's name, address and ZIP code			
RICHARD T CALDERWOOD 44 BUTTERMILL DRIVE PALM COAST FL 32137			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
FL			
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

**COPY**

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

Control number  
 00037 RW/R50 Dept. Corp. Employer use only  
 A 2

Employer's name, address, and ZIP code  
**PLANTATION BAY COMMUNITY ASSN**  
**103-A N LAKE DR**  
**ORMOND BEACH, FL 32174**

Batch #91607

Employer's name, address, and ZIP code	ENISE L CALDERWOOD 44 BUTTERMILL DRIVE ALM COAST, FL 32137		
Employer's FED ID number	a	[REDACTED]	
Wages, tips, other comp.	2	Federal income tax withheld	436.61
Social security wages	4	Social security tax withheld	774.36
Medicare wages and tips	6	Medicare tax withheld	181.10
Social security tips	8	Allocated tips	
Verification Code	10	Dependent care benefits	
Nonqualified plans	12a	See instructions for box 12	
Other	12b		
	12c		
	12d		
13 Stat emp./Ret. plan/3rd party sick pay			
State Employer's state ID no.	16	State wages, tips, etc.	
State income tax	18	Local wages, tips, etc.	
Local income tax	20	Locality name	

1. The following information reflects your final 2015 pay stub plus any adjustments submitted by your employer.

Gross Pay	12489.75	Social Security Tax Withheld	774.36	State Income Tax	Box 17 of W-2
Fed. Income Tax Withheld	436.61	Medicare Tax Withheld		Local Income Tax	Box 19 of W-2
				SUI/SDI	Box 14 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Compensation	Social Security Wages	Medicare Wages
Box 1 of W-2	Box 3 of W-2	Box 5 of W-2
Gross Pay	12,489.75	12,489.75
Reported W-2 Wages	12,489.75	12,489.75

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

**DENISE L CALDERWOOD**  
**44 BUTTERMILL DRIVE**  
**PALM COAST, FL 32137**

Social Security Number: 591-16-1514  
 Taxable Marital Status: MARRIED  
 Exemptions/Allowances:  
 FEDERAL: 1

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Wages, tips, other comp.	12489.75	2	Federal income tax withheld	436.61
Social security wages	12489.75	4	Social security tax withheld	774.36
Medicare wages and tips	12489.75	6	Medicare tax withheld	181.10
Control number	00037	Dept.	RW/R50	Corp.
			A	Employer use only
				2
Employer's name, address, and ZIP code <b>PLANTATION BAY COMMUNITY ASSN</b> <b>103-A N LAKE DR</b> <b>ORMOND BEACH, FL 32174</b>				
Employer's FED ID number	59-2703068	15	Employee's SSA number	[REDACTED]
Social security tips		7	Allocated tips	
Verification Code		10	Dependent care benefits	
Nonqualified plans		12a	See instructions for box 12	
Other		12b		
		12c		
		12d		
13 Stat emp./Ret. plan/3rd party sick pay				
Employee's name, address and ZIP code <b>ENISE L CALDERWOOD</b> <b>44 BUTTERMILL DRIVE</b> <b>ALM COAST, FL 32137</b>				
State Employer's state ID no.		16	State wages, tips, etc.	
State income tax		18	Local wages, tips, etc.	
Local income tax		20	Locality name	

1	Wages, tips, other comp.	12489.75	2	Federal income tax withheld	436.61
3	Social security wages	12489.75	4	Social security tax withheld	774.36
5	Medicare wages and tips	12489.75	6	Medicare tax withheld	181.10
d	Control number	000037	Dept.	RW/R50	Corp.
				A	Employer use only
					2
c Employer's name, address, and ZIP code <b>PLANTATION BAY COMMUNITY ASSN</b> <b>103-A N LAKE DR</b> <b>ORMOND BEACH, FL 32174</b>					
b	Employer's FED ID number	59-2703068	e	Employee's SSA number	[REDACTED]
7	Social security tips		8	Allocated tips	
			10	Dependent care benefits	
11	Nonqualified plans		12a		
14	Other		12b		
			12c		
			12d		
			13	Stat emp./Ret. plan/3rd party sick pay	
e/f Employee's name, address and ZIP code <b>DENISE L CALDERWOOD</b> <b>44 BUTTERMILL DRIVE</b> <b>PALM COAST, FL 32137</b>					
15	State Employer's state ID no.		16	State wages, tips, etc.	
17	State income tax		18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	

1	Wages, tips, other comp.	12489.75	2	Federal income tax withheld	436.61
3	Social security wages	12489.75	4	Social security tax withheld	774.36
5	Medicare wages and tips	12489.75	6	Medicare tax withheld	181.10
d	Control number	000037	Dept.	RW/R50	Corp.
				A	Employer use only
					2
c Employer's name, address, and ZIP code <b>PLANTATION BAY COMMUNITY ASSN</b> <b>103-A N LAKE DR</b> <b>ORMOND BEACH, FL 32174</b>					
b	Employer's FED ID number	59-2703068	e	Employee's SSA number	[REDACTED]
7	Social security tips		8	Allocated tips	
			10	Dependent care benefits	
11	Nonqualified plans		12a		
14	Other		12b		
			12c		
			12d		
			13	Stat emp./Ret. plan/3rd party sick pay	
e/f Employee's name, address and ZIP code <b>DENISE L CALDERWOOD</b> <b>44 BUTTERMILL DRIVE</b> <b>PALM COAST, FL 32137</b>					
15	State Employer's state ID no.		16	State wages, tips, etc.	
17	State income tax		18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	



**W-2 Wage and Tax Statement 2015**  
OMB No. 1545-0008

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1 Control number 000038 RW/R50 Dept. A Employer use only 3

1. The following information reflects your final 2015 pay stub plus any adjustments submitted by your employer.

Gross Pay	6845.01	Social Security Tax Withheld	424.39	State Income Tax	Box 17 of W-2
Fed. Income Tax Withheld	17.39	Medicare Tax Withheld	99.25	Local Income Tax	Box 19 of W-2
				SUI/SDI	Box 14 of W-2

Employer's name, address, and ZIP code  
**PLANTATION BAY COMMUNITY ASSN  
103-A N LAKE DR  
ORMOND BEACH, FL 32174**

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Wages Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	6,845.01	6,845.01	6,845.01
Reported W-2 Wages	6,845.01	6,845.01	6,845.01

Employee's name, address, and ZIP code  
**RICHARD T CALDERWOOD  
44 BUTTERMILL DRIVE  
PALM COAST, FL 32137**

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**RICHARD T CALDERWOOD  
44 BUTTERMILL DRIVE  
PALM COAST, FL 32137**

Social Security Number: 124-38-0312  
Taxable Marital Status: MARRIED  
Exemptions/Allowances:  
**FEDERAL: 1**

Employer's FED ID number 59-2703068

Wages, tips, other comp. 6845.01	2 Federal income tax withheld 17.39
Social security wages 6845.01	4 Social security tax withheld 424.39
Medicare wages and tips 6845.01	6 Medicare tax withheld 99.25
Social security tips	8 Allocated tips
Verification Code	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12
Other	12b 12c 12d
State Employer's state ID no.	13 Stat emp Ret. plan 3rd party sick pay
State income tax	16 State wages, tips, etc.
Local income tax	18 Local wages, tips, etc.
	20 Locality name

Wages, tips, other comp. 6845.01	2 Federal income tax withheld 17.39
Social security wages 6845.01	4 Social security tax withheld 424.39
Medicare wages and tips 6845.01	6 Medicare tax withheld 99.25
Control number 000038 RW/R50 Dept. A Employer use only 3	
Employer's name, address, and ZIP code <b>PLANTATION BAY COMMUNITY ASSN 103-A N LAKE DR ORMOND BEACH, FL 32174</b>	
Employer's FED ID number 59-2703068	8 Allocated tips
Verification Code	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12
Other	12b 12c 12d
State Employer's state ID no.	13 Stat emp Ret. plan 3rd party sick pay
State income tax	16 State wages, tips, etc.
Local income tax	18 Local wages, tips, etc.
	20 Locality name

1 Wages, tips, other comp. 6845.01	2 Federal income tax withheld 17.39
3 Social security wages 6845.01	4 Social security tax withheld 424.39
5 Medicare wages and tips 6845.01	6 Medicare tax withheld 99.25
d Control number 000038 RW/R50 Dept. A Employer use only 3	
c Employer's name, address, and ZIP code <b>PLANTATION BAY COMMUNITY ASSN 103-A N LAKE DR ORMOND BEACH, FL 32174</b>	
b Employer's FED ID number 59-2703068	e Employee's SSA number
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b 12c 12d
	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code <b>RICHARD T CALDERWOOD 44 BUTTERMILL DRIVE PALM COAST, FL 32137</b>	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 6845.01	2 Federal income tax withheld 17.39
3 Social security wages 6845.01	4 Social security tax withheld 424.39
5 Medicare wages and tips 6845.01	6 Medicare tax withheld 99.25
d Control number 000038 RW/R50 Dept. A Employer use only 3	
c Employer's name, address, and ZIP code <b>PLANTATION BAY COMMUNITY ASSN 103-A N LAKE DR ORMOND BEACH, FL 32174</b>	
b Employer's FED ID number 59-2703068	e Employee's SSA number
7 Social security tips	8
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b 12c 12d
	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code <b>RICHARD T CALDERWOOD 44 BUTTERMILL DRIVE PALM COAST, FL 32137</b>	
15 State Employer's state ID no.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

# COPY

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation 2124.00	2 Federal income tax withheld 40.40
3 Social security wages 2124.00	4 Social security tax withheld 131.68
5 Medicare wages and tips 2124.00	6 Medicare tax withheld 30.80

c Employer's name, address, and ZIP code

Flagler College, Inc.  
P.O. Box 1027  
St. Augustine, FL 32085-1027

7 Social security tips .00	8 Allocated tips .00	9
10 Dependent care benefits .00	11 Nonqualified plans .00	12a
12b	12c	12d

b Employer identification number (EIN) 59-1157081 a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code

Denise L Calderwood  
44 Buttermill Dr.  
Palm Coast, FL 32137

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement  
**2015**

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

1 Wages, tips, other compensation 2124.00	2 Federal income tax withheld 40.40
3 Social security wages 2124.00	4 Social security tax withheld 131.68
5 Medicare wages and tips 2124.00	6 Medicare tax withheld 30.80

c Employer's name, address, and ZIP code

Flagler College, Inc.  
P.O. Box 1027  
St. Augustine, FL 32085-1027

7 Social security tips .00	8 Allocated tips .00	9
10 Dependent care benefits .00	11 Nonqualified plans .00	12a
12b	12c	12d

b Employer identification number (EIN) 59-1157081 a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code

Denise L Calderwood  
44 Buttermill Dr.  
Palm Coast, FL 32137

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement  
**2015**

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation 2124.00	2 Federal income tax withheld 40.40
3 Social security wages 2124.00	4 Social security tax withheld 131.68
5 Medicare wages and tips 2124.00	6 Medicare tax withheld 30.80

c Employer's name, address, and ZIP code

Flagler College, Inc.  
P.O. Box 1027  
St. Augustine, FL 32085-1027

7 Social security tips .00	8 Allocated tips .00	9
10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) 59-1157081 a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code

Denise L Calderwood  
44 Buttermill Dr.  
Palm Coast, FL 32137

1 Wages, tips, other compensation 2124.00	2 Federal income tax withheld 40.40
3 Social security wages 2124.00	4 Social security tax withheld 131.68
5 Medicare wages and tips 2124.00	6 Medicare tax withheld 30.80

c Employer's name, address, and ZIP code

Flagler College, Inc.  
P.O. Box 1027  
St. Augustine, FL 32085-1027

7 Social security tips .00	8 Allocated tips .00	9
10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) 59-1157081 a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address, and ZIP code

Denise L Calderwood  
44 Buttermill Dr.  
Palm Coast, FL 32137

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement  
**2015**

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

Form **W-2** 15 State Employer's state ID number 16 State wages, tips, etc.

Wage and Tax Statement  
**2015**

17 State income tax 18 Local wages, tips, etc.

19 Local income tax 20 Locality name

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

FORM MW275

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

METROPOLITAN LIFE INSURANCE CO  
METLIFE RETIREE SERVICE CENTER  
P.O. BOX 25754  
SALT LAKE CITY, UT 84125-0754

CORRECTED (if checked)

1 Gross distribution \$4,012.92  
2a Taxable amount \$4,012.92  
2b Taxable amount not determined

**COPY**  
2015  
FORM 1099-R  
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Total distribution  RECEIVED

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.  
1-800-553-3803

PAYER'S federal identification number 13-5581829  
RECIPIENT'S identification number [REDACTED]

RECIPIENT'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

#BWNDYSK 00397  
#4MBBMSHM/QBO/2E5#  
RICHARD T CALDERWOOD  
44 BUTTERMILL DR  
PALM COAST, FL 32137-9411

3 Capital gain (included in box 2a) [REDACTED]  
4 Federal income tax withheld SUPERVISOR OF ELECTIONS

5 Employee contributions/Designated Roth contributions or insurance premiums 2015 JAN 24 10:08  
6 Net unrealized appreciation in employer's securities

7 Distribution code 7 IRA/SEP/SIMPLE  8 Other %

9a Your percentage of total distribution % 9b Total employee contributions

12 State tax withheld 13 State/Payer's state no. FL

15 Local tax withheld 16 Name of locality

10 Amount allocable to IRR within 5 years 11 1st year of desig. Roth contrib.

Account number (see instructions) 07M4114534 010

Form 1099-R 4114534

www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

METROPOLITAN LIFE INSURANCE CO  
METLIFE RETIREE SERVICE CENTER  
P.O. BOX 25754  
SALT LAKE CITY, UT 84125-0754

CORRECTED (if checked)

1 Gross distribution \$4,012.92  
2a Taxable amount \$4,012.92  
2b Taxable amount not determined

OMB No. 1545-0119  
2015  
FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Total distribution

Copy C  
For Recipient's Records  
This information is being furnished to the Internal Revenue Service.  
1-800-553-3803

PAYER'S federal identification number 13-5581829  
RECIPIENT'S identification number [REDACTED]

RECIPIENT'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

#BWNDYSK  
#4MBBMSHM/QBO/2E5#  
RICHARD T CALDERWOOD  
44 BUTTERMILL DR  
PALM COAST, FL 32137-9411

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Form 1099-R 4114534

www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

METROPOLITAN LIFE INSURANCE CO  
METLIFE RETIREE SERVICE CENTER  
P.O. BOX 25754  
SALT LAKE CITY, UT 84125-0754

CORRECTED (if checked)

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OMB No. 1545-0119  
2015  
FORM 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Total distribution

Copy 2  
File this copy with your state, city, or local income tax return, when required.  
1-800-553-3803

PAYER'S federal identification number 13-5581829  
RECIPIENT'S identification number [REDACTED]

RECIPIENT'S name, street address, city or town, province or state, country, and ZIP or foreign postal code

#BWNDYSK  
#4MBBMSHM/QBO/2E5#  
RICHARD T CALDERWOOD  
44 BUTTERMILL DR  
PALM COAST, FL 32137-9411

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Account number (see instructions) 07M4114534 010

Form 1099-R 4114534

www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

CHEROKEE MAY 20 2016

\*UPDATED TO INCLUDE BENEFITS PAID OR REPAID IN DECEMBER. THIS REPLACES ANY PREVIOUS STATEMENT YOU MAY HAVE RECEIVED.  
**2015**  
 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Date  
01-19-2016

Box 2. Beneficiary's Social Security Number  
 [REDACTED]

Box 1. Name  
 RICHARD T CALDERWOOD

Box 3. Benefits Paid in 2015  
 \$16,738.80

Box 4. Benefits Repaid to SSA in 2015  
 \$641.00

Box 5. Net Benefits for 2015 (Box 3 minus Box 4)  
 \$16,097.80

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit	Deductions for work or other adjustments
Medicare Part B premiums deducted from your benefits	Benefits repaid to SSA in 2015
Deductions for work or other adjustments	
Treasury Benefit Payment Offset, Garnishment and/or Tax Levy	
Total Additions	
Benefits for 2015	
\$14,647.60	\$641.00
\$1,258.80	\$641.00
\$641.00	
\$191.40	
\$16,738.80	
\$16,738.80	

RECEIVED  
 FLAGLER COUNTY  
 SUPERVISOR OF ELECTIONS  
 2016 JUN 24 AM 10 08

Box 6. Voluntary Federal Income Tax Withheld  
 NONE

Box 7. Address  
 RICHARD T CALDERWOOD  
 44 BUTTERMILL DR  
 PALM COAST FL 32187-9411

Box 8. Claim Number (Use this number if you need to contact SSA.)

Form SSA-1099-SM-UD (1-2016)

DO NOT RETURN THIS FORM TO SSA OR IRS

COPY