FORM 6 FULL AND PUBLIC DISCLOSURE	2015
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTERESTS	REGRIVEDCE USE ONLY: LAGUER COUNTY RVISOR OF ELECTIONS
LAST NAME — FIRST NAME — MIDDLE NAME: SUPE	RVISOR OF ELECTIONS
I	6 JUN −6 P 1:32
MAILING ADDRESS:	6 JUN -6 F- 1. 32
CITY: ZIP: COUNTY: Palm Coast 32137 Flagler	$\Delta D Y$
Palm Coast 32137 Flagler NAME OF AGENCY: Sheriff, Flagler County Sheriff's Office	
Sheriff, Flagler County Sheriff's Office	
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Sheriff, Flagler County	
CHECK IF THIS IS A FILING BY A CANDIDATE 🗹	NOTES OF COMPANY OF SECURITY O
PART A NET WORTH	
Please enter the value of your net worth as of December 31, 2015 or a more current date. culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the	
My net worth as of <u>March 31st,</u> , 20 <u>16</u> was \$159,281	.15
PART B ASSETS	BOOK OF THE BOOK OF THE BOOK OF THE PROPERTY OF THE BOOK OF THE BO
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,0 following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.	000. This category includes any of the art objects; household equipment and
The aggregate value of my household goods and personal effects (described above) is $$55,000.0$	0
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
House (1521 Dunns Lake Drive East Jacksonville, Florida 32218)	\$240,000.00
City and Police Credit Union Savings Account	\$1,500.00
VyStar Credit Union Savings Account	\$5,500.00
VyStar Credit Union Checking Account	\$1,500.00
	** 5
PART C - LIABILITIES	
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4): NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Wells Fargo Mortgage P.O. Box 10335 Des Moines, IA 50306-0335	\$192,000.00
City and Police Credit Union 2nd Mortgage 4675 Sunbeam Rd, Jacksonville, FL 322	57 \$36,687.00
City and Police Credit Union Line of Credit 4675 Sunbeam Rd, Jacksonville, FL 322	57 \$9,302.00
City and Police Credit Union 4675 Sunbeam Rd, Jacksonville, FL 32257 2012 Honds	a Fit \$7,854.00
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE; NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

		_			
		PART D			
Identify each separate source an	nd amount of income which ex	ceeded \$ 000	uring the ear including secondary of attachments. Please redact any secondary	sources of inc	ome. Or attach a complete
attaching your returns, as the la	w requires these documents t	be posted to the	Commission's website.	LAGLER C	OUNTY
I elect to file a copy of m	y 2015 federal income tax ref d attach a copy of your 2015	turn and all W2's tax return, you	s, schedules, and attachments. UPER need not complete the remainder of	RVISOR OF	ELECTIONS
PRIMARY SOURCES OF INCO				JUN -6	P 1: 32
NAME OF SOURCE OF INCO	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	1E	AMOUNT
					,
SECONDARY SOURCES OF IN	COME [Major customers, client	ents, etc., of bus	inesses owned by reporting person-	-see instructio	ns on page 5]:
NAME OF BUSINESS ENTITY	NAME OF MAJOR OF BUSINESS'	SOURCES ,	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
DOGINEGO ENTIT	OF DOGINESS	INCOME	OF SOURCE		ACTIVITY OF SOURCE
p	ADT F INTEDESTS IN	I CDECTICIED	BUSINESSES [Instructions or		
. 12	BUSINESS ENTITY #		BUSINESSES [HIST-HECHORS OF		IESS ENTITY # 3
NAME OF BUSINESS ENTITY					TOO ENTITY O
ADDRESS OF					
BUSINESS ENTITY PRINCIPAL BUSINESS				1	
ACTIVITY POSITION HELD				<u> </u>	
WITH ENTITY I OWN MORE THAN A 5%					
INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
		PART F - T	RAINING	. An April 1995	the walk of the state of the No.
For officer	s required to complete		s training pursuant to section	112.3142,	F.S.
<u> </u>	CERTIFY THAT I HA	AVE COMP	LETED THE REQUIRED	TRAINING).
OA	TH	STATE C	OF FLORIDA Tociles		The every service of the sur-
I, the person whose name appe	ars atwill William	Sworn to	(or affirmed) and subscribed before	me this	€ day of
beginning of this form, do depos		Iwis	_		day or
and say that the information de-	(7.8)		- 374 a.	- 0 (
and any attachments hereto	rue≱accurate, 'o ★	(Signatur	e of Notary Public-State of Florida)		
and complete.	#FF 083861 SE	Pertil	6 Your		
	Bonded Insurance		pe, or Stamp Commissioned Name		
	BLIC STALL	Personal	·	uced Identifica	
SIGNATURE OF REPORTING	OFFICIAL OR CANDIDATE	Type of Id	dentification Produced	Driver	3 has 25
If-a-certified public accountant I she must complete the following	icensed under Chapter 473 g statement:	B, or attorney in	good standing with the Florida B	ar prepared t	his form for you, he or
l,		, prepared the	e CE Form 6 in accordance with A	vrt. II. Sec. 8.	Florida Constitution
Section 112.3144, Florida Statu and correct.	tes, and the instructions to	the form. Upor	n my reasonable knowledge and b	pelief, the dis	closure herein is true
and correcti					
Signature			· · · · · · · · · · · · · · · · · · ·	Date	-
Preparation of this form by	y a CPA or attorney do	es not relieve	the filer of the responsibility	y to sign the	e form under oath.
IF ANY OF PARTS A T	THROUGH E ARE CON	NTINUED O	N A SEPARATE SHEET, PLE	EASE CHE	CK HERE 🗹

RECEIVED
FLAGLER COUNTY
PERVISOR OF ELECTIONS

2015

OF FINANCIAL INTERESTS

2016 JUN -6 P 1: 32

John Lamb (Candidate for Sheriff, Flagler County)

CONTINUATION:

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required-see instructions p.4)

VALUE OF ASSET

Stocks American Funds SMALLCAP World R4	\$9,381.13
Stocks JPMorgan Small Cap Core Select	\$15,079.54
Stocks Vanguard Extended Market Index-Admiral	\$15,155.40
Stocks Vanguard 500 Index Fund	\$28,173.31
Stocks Putnam Income A	\$6,061.77
Deferred Retirement Option Plan (Pension Savings)	\$52,000.00

LIABILITIES IN EXCESS OF \$1,000.00 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

City of Police Credit Union 4675 Sunbeam Rd, Jacksonville, FL 32257 2013 Toyota Camry	\$21,127.00
Wells Fargo Auto Finance P.O. Box 29704	\$3,100.00
Phoenix, AZ 85038-9704 2010 Volkswagen Jetta	

Your first name and		115, or other tax year beginning			, 20 10,	_	, 20				instructions.	
	initial	-	Last name				Y	RECE			rity number	
JOHN T			LAMB			i	M F	LAGLER	ถกับเกา	X - X	X-XXXX	
If a joint return, spou	use's first n	ame and initial	Last name				SUPE	RVISOR) F spous	SI40M	Security number	
NANETTE	C		LAMB					****	X		X-XXXX	
Home address (num	ber and str	reet).	,				- 2016	Juli. no.		ake si	re the SSN(s)	above
									A	and on	line 6c are corr	rect.
		and ZIP code. If you have a foreign	address, also co	mplete spaces	below (see in	structions).			Pr	esidentia	l Election Campaig	gn
Palm Co				<u>"L</u>		321	37		Check i	nere if you	i, or your spouse if f go to this fund. Chi	filing
Foreign country nam	ie		1	Foreign provinc	ce/state/count	у	Foreigr	postal code	a box b	elow will n	ot change your tax	or pouse
Filing 1	Single	9		-	4	Head of ho	ousehold (with	qualifying per	son). (See ir	structions	s,) If	Pozoo
Status 2	X Marrie	ed filing jointly (even if only	one had incor	ne)		the quality	ing person is a ne here,	child but not	your depend	ient, enter	this	
Check only one 3	Married	filing separately. Enter spouse's :	SSN above		-			<u> </u>				
box.		name here.			5	Qualifyir	ng widow(e) with dep	endent ch	ild		
Exemptions	6a b	X Yourself. If someone X Spouse		,			box 6a		 &	}	Boxes checked on 6a and 6b	2
-		Dependents:			(2) Dependen		(3) Déper	Sent's	(4) Chk If o		No. of children on 6c who:	
(1) First nar		ne '		al security nu		relationship		age 17 qu for child ta (see instr	alitying ix credit	 lived with you 	
Ĵ	HELEN	N LAMB		XX	X-XX-X	XXX	Daughte	er	(see instr	ucuons)	 did not live w you due to divor 	<i>r</i> ith rce
If more than four dependents, see	JOHN	LAMB	JR		X-XX-X		Son	<u> </u>		-	or separation (see instructions	s)
instructions and	SABRIE	L D LAMB		XX	X-XX-X	XXX	Son	·	į į		Dependents on t	6c
check here 🕨 🗌 🗓	L HAON	LAMB		X	X+XX-X	CXX	Son		X		Add numbers	ve
	d	Total number of exemption	ns claimed	<u></u> . /// .	· · · · · ·	×	,			,	on lines above	6
Income	7	Wages, salaries, tips, etc		2355555		🔉 .			7	•	155,5	512
	8a	Taxable interest. Attach S		799949	bar e sali	.			8			
Attach Form(s)	b	Tax-exempt interest. Do				8b						
W-2 here. Also	9a	Ordinary dividends. Attac	h Schedule B	if required			; · · · ·		9	a		
attach Forms W-2G and	b	Qualified dividends		* · · · · ·	• • • • •	. 9b	J					
1099-R if tax	10	Taxable refunds, credits,			al income t	taxes			1			
was withheld.	11	Alimony received	2000000m	1000000000000					1			
	12 13	Business income or (loss) Capital gain or (loss). Atta									(8,5	65)
If you did not	14	Other gains or (losses).			i. If not req	uirea, cn	eck nere	>				
get a W-2, see instructions.	15a	IRA distributions .	70000100000	<i>rar</i>		h To	xable amo		1			
see manachons.	16a	Pensions and annuities	20000 1 11111111111111111111111111111		 -		ixable amo ixable amo		15			
	17	Rental real estate, royaltic		is Sicorpor	ations true					_		
	18	Farm income or (loss). A	tach Schedule	e F	ations, tide	313, 010.	Allacii Ocii	codie L	1: 1:	 		
	19	Unemployment ograpensa	ition					• • • • •	1			-
	20 a	Social security benefits .	1 1			1	xable amo					
	21 🦽	Other income >	· · · · · · · · · · · · · · · · · · ·						2			
	22	Combine the amounts in the	ar right column	for lines 7 th	ough 21. Th	nis is your	total incom	e			146,9	47
Adjusted	23	Educator expenses										
Gross		Certain business expenses o										
Income		fee-basis government officials										
		Health savings account de										
		Moving expenses. Attach										
		Deductible part of self-emp										
		Self-employed SEP, SIMP										
		Self-employed health insur					_					
		Penalty on early withdrawa										
	31a 32	Alimony paid b Recipient	s 22N►			31a						
		IRA deduction										
		Student loan interest dedu Tuition and fees. Attach Fo						-				
		Tutton and rees. Attach Fo Domestic production activi										
		Add lines 23 through 35						·	36			

Form 1040 (20	15) JO	HN T & NANETTE C LAME			XX.	X-XX-XXXX Page 2
Tax and	38	Amount from line 37 (adjusted gross in		J. Y	38	
Credits	39a	Check / You were born before Jan		Blind. 🕽 🐼tal boxes		
0,001,3		if: Spouse was born before Ja	anuary 2, 1951,	Blind. Schecked ► 39a	.	
	b	If your spouse itemizes on a separate return o	r you were a dual-status al	len, check here RECELY	601 <u> </u>	
Standard Deduction	40	Itemized deductions (from Schedule A)	or your standard dedu	iction (see et Glace C	10 1 11 T V 1	17,909
for -	41	Subtract line 40 from line 38		SUPERVISOR OF	FLEC HOW	129,038
People who	42	Exemptions. If line 38 is \$154,950 or less, multi	ply \$4,000 by the number on li	ine 6d Otkanuise, see instructio	nD 1 32	
check any box on line	43	Taxable income. Subtract line 42 from li	ne 41 If line 42 is more	than Mild JUN - 5		
39a or 39b or	44 +		a	Transition 41, enter -0-	· ·	
who can be claimed as a	45	Alternative minimum tax (see instructio			44	
dependent,	46					
see instructions.		Excess advance premium tax credit repa				
• All others:	47	Add lines 44, 45, and 46			▶ 47	17,847
Single or	48	Foreign tax credit. Attach Form 1116 if re-				
Married filing	49	Credit for child and dependent care expenses.				
separately, \$6,300	50	Education credits from Form 8863, line 19			558	
Married filing	51	Retirement savings contributions credit. A	ttach Form 8880	. 51		
jointly or Qualifying	52	Child tax credit. Attach Schedule 8812, if	required	. 52	150	
widow(er),	53	Residential energy credit. Attach Form 56	95	53		
\$12,600	54	Other credits from Form: a 3800 b 8		54	<u> </u>	
Head of household,	55	Add lines 48 through 54. These are your f		A0000000000000000000000000000000000000	55	2,708
\$9,250	56	Subtract line 55 from line 47. If line 55 is n				15,139
	57	Self-employment tax. Attach Schedule SI		PARTICIPATE AND ADDRESS OF THE		15,139
Other	58				57	
Taxes	59	Unreported social security and Medicare t			58	
Taxes		Additional tax on IRAs, other qualified retin		h Form 5329 if required	59	<u> </u>
	60 a	Household employment taxes from Sched	2000000000000 Y0000	<i></i>	60a	
		First-time homebuyer credit repayment. A			60b	
	61	Health care: individual responsibility (see	9999999 · · · · · · · · · · · · · · · ·		61	
	62	Taxes from: a Form 8959 b	Form 8960 calestruc	ctions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total	tax		. ▶ 63	15,139
Payments	64	Federal income tax withheld from Forms V	V-2 and 1099	64 23,	911	
	7 65	2015 estimated tax payments and amount appli	ed from 2014 return			
If you have a qualifying	66a	Earned income credit (EIC)		66a		
child, attach	Б	G900*12002388				
Schedule EIC.	67	Additional child tax credit. Attach Schedule	8812	67		
	68	American opportunity credit from Form 88			705	
	69	Net premium tax credit. Attach Form 8962		69	, 03	
	70	Amount paid with request for extension to			 	
	71	.000000000000 "9000"		70		
		Excess social security and tier 1 RRTA tax		71		
	72	Credit for federal tax on fuels. Attach Forn		72		
	73	Credits from Form: a 2439 b Reserved		73		
	74	Add lines 64, 65, 66a; and 67 through 73.			. ▶ 74	25,616
Refund	75	If line 74 is more than line 63, subtract line			d 75	10,477
	76a	Amount of line 75 you want refunded to yo	ou. If Form 8888 is attac	ched, check here	- 76a	10,477
Direct deposit?	▶ 6	Routing number 2 6 3 0 7 9	9 2 7 6 ⊳ c Type	: X Checking Savi	ngs	
See instructions.	▶ di	Account number 3 2 6 9 9 2	2 1		_	
instructions.	77	Amount of line 75 you want applied to your 201	6 estimated tax >	77		
Amount		Amount you owe. Subtract line 74 from lir			▶ 78	
You Owe		Estimated tax penalty (see instructions)		79		
Third Party		want to allow another person to discuss ti			U Vac Can	anlata hala 🕅 N
Designee	Designe name	e's	Phone :	´ Person	al identification	nplete below. X No
		enalties of perjury, I declare that I have examined this n	no.	edules and statements and to the	(PIN)	wiedoo and helief
Sign	tney are	true, correct, and complete. Declaration of preparer (ot	ner than taxpayer) is based on	all information of which prepare	r has any knowle	edge.
Here	Your sig		i I	our occupation		Daytime phone number
Joint return? See	562		03-16-2016P	OLICE OFFICE	R	904-683-1146
instructions. Keep a copy for	Оровас	s signature. If a joint return, both must sign.		pouse's occupation		Identity Protection PIN (see inst.)
your records.	938	84	03-16-2016P	OLICE OFFICE	R	
	Prepare	's signature		Date	Check X if	PTIN
Paid				03-16-2016	self-employed	XXXXXXXX
	Print/Typ	e preparer's name GEORGE M BLOC	MER	-		
Preparer	Firm's na	me > Bloomer's Tax	Service In	C	Firm's EIN	59-3623705
Use Only	Firm's ac	4400 00 010 1				
		_	L 32068-485	4	Phone no Q	04-282-0534
					1	

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99) Information about School e A and its separate instructions is at www.irs.gov/schedulea.

OMB No. 1545-0074 **2015**

Attachment Sequence No. 07

Name(s) shown		- 1 ((day) (0 0) () 10 (day)	200		Sequence No. 07
		PLACIFR FLACIFR	COUNTY	Your social	security number
DOHM T.	٥٤	SUFEKAINIK II	FELECTIONS	XXX-X	XX-XXX
Medical		Caution. Do not include expenses reimbursed or paid by others.	3.10.10		<u> </u>
and	•	1 Medical and dental expenses (see instructions)	D 1: 336, 184		
Dental	2	2 Enter amount from Form 1040, line 38 2 146, 947	73	7000	
Expenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was	-		
		born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3 14,695		
	_	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	14,693	-	
		5 State and local (check only one box):	· · · · · · · · · · · · · · · · · · ·	4	0
Taxes You Paid		a Income taxes, or			
· u.u		b ☒ General sales taxes	5 3,036		
	_	——————————————————————————————————————	1 1		
	-	Real estate taxes (see instructions)	6 2,610		
		Personal property taxes	_7		
	8	Other taxes. List type and amount		7 1	
		·	8		
	9	Add lines 5 through 8		9	5,646
Interest	10	Home mortgage interest and points reported to you on Form 1098 .	10 10,250		3,040
You Paid	11		7230	-	
		to the person from whom you bought the home, see instructions			
Note.		and show that person's name, identifying no., and address			
Your mortgage		with a state of the first factority ing flot, and address			
interest deduction may					
be limited (see					
instructions).			11]	
,	12	The state of the s			
		special rules	12		
	13	Mortgage insurance premiums (see instructions)	13	1	
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	1	
	15	Add lines 10 through 14		15	10,250
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,			10,230
Charity		see instructions	16 2,013		
If you made a	17	Other than by cash or check. If any gittler \$250 or more, see	16 2,013	i	
gift and got a		instructions. You must attach Form 8283 byer \$500	4-		
benefit for it,	18	Carpiover from prior year	17		
see instructions.	19	Carryover from prior year	18		
	19	Add lines 16 through 18	· · · · · · · · · · · · · · · · · · ·	19	2,013
Casualty and Theft Losses					
Their Losses	20	Casualty or theit loss(es) Attach Form 4684. (See instructions.)	<u></u>	20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job			
and Certain		education, ero Attach Form 2106 or 2106-EZ if required. (See instr.)			
Viscellaneous			21		
Deductions	22	Tax preparation fees	22		
	23	Offier expenses investment, safe deposit box, etc. List type			
		and amount ►UNION DUES 870			
		EXCERCISE 954	7 004		
	24	Add lines 21 through 23	23 1,824		
			24 1,824		
•		Multiply line 25 by 2% (.02)	26 2,939		
	2/	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<u> </u>	27	0
Other	28	Other - from list in instructions. List type and amount			
iscellaneous					
eductions				28	
otal	29	ls Form 1040, line 38, over \$154,950?	·····	 +	
emized		$\overline{\mathbb{X}}$ No. Your deduction is not limited. Add the amounts in the far right colum	nn		
eductions	•	for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	,	20	15 000
	ſ	Yes. Your deduction may be limited. See the Itemized Deductions		29	17,909
	L	Workshoot in the instructions to Samuel 1			
	י חכ	Worksheet in the instructions to figure the amount to enter.	١		
	5U I	If you elect to itemize deductions even though they are less than your stan	dard		
		deduction, check here	<u> </u>		

SCHEDULE C (Form 1040)

Department of the Treasury

Profit or Loss From Business

(Gole Proprietorship)

d its separate instructions is at www.irs.gov/schedulec.

OMB No. 1545-0074

2015

Attachment Sequence No. 69 Internal Revenue Service (99) or 1041; partnerships generally must file Form 1065. Name of proprietor Social security number (SSN) FLAGLER COUNTY NANETTE C LAMB XXX-XX-XXXX SUPERVISOR OF ELECTIONS Principal business or profession, including product or service (see instructions) B Enter code from instructions SECURITY 541990 2016 JUN - 6 Business name. If no separate business name, leave blank. D Employer ID number (EIN), (see instr.) Ε Business address (including suite or room no.) City, town or post office, state, and ZIP code JACKSONVILLE FL32218 Accounting method: (1) X Cash (2) Accrual (3) Other (specify) G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes No If "Yes," did you or will you file required Forms 1099? Yes No Part Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to would Form W-2 and the "Statutory employee" box on that form was checked 3,703 Returns and allowances 2 2 3 3 703 Cost of goods sold (from line 42) 4 4 Gross profit. Subtract line 4 from line 3 703 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 3,703 7 Expenses. Enter expenses for business use of your home only on line 30. Advertising 8 Office expense (see instructions) 18 Car and truck expenses (see Pension and profit-sharing plans 19 instructions) 9 Rent or lease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a Contract labor (see instructions) 11 11 b Other business property 20b Depletion Repairs and maintenance 21 Depreciation and section 179 Supplies (not included in Part III) 3,348 22 expense deduction (not 23 Taxes and licenses 23 included in Part III) (see 13 instructions) 24 Travel, meals, and entertainment: Employee benefit programs a Travel 2,474 24a (other than on line 19) b Deductible meals and Insurance (other than health) entertainment (see instructions) 24b 2,153 Interest: Utilities 25 a Mortgage (paid to banks etc.) 16a 26 Wages (less employment credits) 26 27 a Other expenses (from line 48) 27a 4,143 17 Legal and professional services 17 150 b Reserved for future use 27b 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 12,268 Tentative profit of (loss). Subtract line 28 from line 7 29 (8,565)Expenses for business use of our home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 (8,565) If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and 32a All investment is at risk. on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and 32b Some investment is not trusts, enter on Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

	ule C (Form 1040) 2015	SECURITY	541990					Page 2
Name(NAI	s) NETTE C LAM <u>B</u>					SSN	x-xxxx	
Part	III Cost of Foo	us Sold se an	istructions)			212121 21	N-VVVV	
33	Method(s) used to value closing inventor	a Cost	b Lower of c	RECEIVED FLAGLER COUNT OPERVISOR OF ELEC	T ONE (attac	h explanat	ion)	
34	Was there any change if "Yes," attach explana	in determining quant tion	ities, costs, or valuation	ons between opening and o	riosina inventor	n		No
35	Inventory at beginning o	of year. If different fr	om last year's closing	inventory, attach explanat	ion	35		
36				,		36		
37	Cost of labor. Do not in	clude any amounts p	paid to yourself			37	·-·	
38			•		***	38		
39					.200	39		
40	Add lines 35 through 39					40		
41 42	Inventory at end of year					41		
Part.	Information	on Vour Vobial	ine 40. Enter the results	t here and on line 4	· **** · · · ·	42		
	and are not re file Form 456	equired to file Fo	orm 4562 for this	part only if you are obusiness. See the in	claiming car estructions for	or truck or line 13	expenses to find ou	on line 9 It if you must
	1110 1 01111 400			·				
43	When did you place your	vehicle in service fo	or business purposes	(month, day, year)				
44	Of the total number of mi	les you drove your v	rehicle during 2015, er	nter the number of miles yo	ou used your ve	hicle for:		
а	Business		* **	ructions)	c 0	ther		-
45	Was your vehicle availab	Á					Yes	No
46	Do you (or your spouse)			al use?			Yes	☐ No
47 a b	Do you have evidence to If "Yes," is the evidence.		floe? "	• • • • • • • • • • • • • • • • • • • •		,	Yes	∏ No
Part \			W	es not included on lin	0.00 1		Yes	No
	.et#####	sear List below t	ousiness expense	s not included on lin	es 8-26 or III	ne 30.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
COM	MUNICATIONS				<u></u>			4,143
		<i></i>			<u>,</u>			
		_						
								
								
			·					
18 7	Total other expenses. En	ter here and on line	27a			48		4,143

Department of the Treasury

Internal Revenue Service

Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074 2015

Attachment

Name(s) shown on return JOHN T & NANETTE

(99)

rmation LAMB Att ch its form 1040 or Form 1040A.

8863 and its separate instruction of ELAGLER COUNTY

SUPERVISOR OF ELECTIONS

Your social security number XXX-XX-XXXX

Sequence No.

CAUTION

Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.

Pa	Refundable American Opportunity Credit	
1	After completing Part III for each student enter the total of all and all all all all all all all all all al	4.262
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of	4,263
	household, or qualifying widow(er)	
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you	
	are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from	
4	Puerto Rico, see Pub. 970 for the amount to enter	•
	1	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,	
	## A	•
6	or qualifying widow(er)	
	Equal to or more than line 5, enter 1.000 on line 6	
	• Less than line 5 divide line 4 by line 5 Cutes the month.	7 000
	at least three places)	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet	
	the conditions described in the instructions, you cannot take the refundable American opportunity	
	credit; skip line 8, enter the amount from line 7 on line 9, and check this box	4 262
8	Refundable American opportunity credit. Multiply line 7 by 40% (40) Enter the amount here and	4,263
	on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below	1 705
Par	Nonrefundable Education Credits	1,705
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	2,558
10	After completing Part III for each student, enter the total or all amounts from all Parts III, line 31. If	2,550
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	
11	Enter the smaller of line 10 or \$10,000	
12	Multiply line 11 by 20% (.20)	
13	Enter: \$130,000 if married filing jointly; \$65,000 if single, head of	
	household, or qualifying widow(er)	
14	Enter the amount from Form 1940, line 38, or Form 1040A, line 22. If you	
	are filing Form 2555, 2555-EZ, of 4563, or you are excluding income from	
	Puerto Rico, see Pub. 970 for the amount to enter	
15	Subtract line 14 from line 13 12 2cc or less, skip lines 16 and 17, enter -0-	
	on line 18, and go to line 19	
16	Enter: \$20,000 married filing pintly; \$10,000 if single, head of household,	
	or qualifying widow(er)	
17	If line 15 is:	
	Equal to or more than line 16, enter 1.000 on line 17 and go to line 18	
	 Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three 	
	places)	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see	
	instructions) here and on Form 1040, line 50, or Form 1040A, line 33	2,558
or Pa	aperwork Reduction Act Notice, see your tax return instructions	=

Form 8863 (2015)	Page 2
Name(s) shown on return	Your social security number
JOHN T & NANETTE C LAMB	XXX-XX-XXXX
Complete Part III for each state of for whit opportunity or dit of letters learning life each student.	RECEIVED Interior Record Himming either the American RECEIVED R
Rart III Student and Educational Institution Information	100 -6 P 1: 33
See instructions.	
20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax return
HELEN N LAMB	XXX-XX-XXXX
22 Educational institution information (see instructions)	
a. Name of first educational institution	b. Name of second educational institution (if any)
UNIVERSITY OF NO FLORIDA	
	<u> </u>
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code if a foreign address, see instructions.
1 UNF DR	
Jacksonville, FL 32224	
(2) Did the student receive Form 1098-T from this institution for 2015? ✓ Yes ✓ No	(2) Did the student receive Form 1098-T from this institution for 2015? Yes No
(3) Did the student receive Form 1098-T	(3) Did the student receive Form 1098-T
from this institution for 2014 with Box 🔲 Yes 🗌 No	from this institution for 2014 with Box 2 🔲 Yes 🔲 No
2 filled in and Box 7 checked?	filled in and Box 7 checked?
If you checked "No" in both (2) and (3), skip (4).	If you checked "No" in both (2) and (3), skip (4).
(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).	(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).
59-2976169	
23 Has the Hone Scholarship Credit or American opportunities	
credit been claimed for this student for any 4 tax years before 2015?	Yes - Stop! Go to line 31 for this student. No - Go to line 24.
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in	
2015 at an eligible educational institution in a program leading towards a postsecondary degree, certificate or	Yes - Go to line 25. No - Stop! Go to line 31
other recognized postsecondary educational credental?	for this student.
(see instructions)	
25 Did the student complete the first 4 years of postsecondary	Yes - Stop!
education before 2015 (see instructions)?	Go to line 31 for this No - Go to line 26.
	student.
26 Was the student convicted, before the eria of 2015, of a	Yes - Stop! No - Complete lines 27
felony for possession or distribution of a controlled	through 30 for this student
substance?	student.
You cament take the American opportunity credit and the lifeting CAUTION you complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 30 for this student, do not complete	
American Opportunity Credit	
27 Adjusted qualified education expenses (see instructions). Do not enter	more than \$4,000 27 4 , 000
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	27 27,000
29 Multiply line 28 by 25% (.25)	29 500
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to	
enter the result. Skip line 31. Include the total of all amounts from all Part	s III, line 30 on Part I, line 1

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts

Form 8	8863	(2015)
--------	------	--------

Page 2

Name(s) shown on return JOHN T & NANETTE C LAMB

Your social security number

XXX-XX-XXXX



Complete Par III for each student for who opportunity diedit or lifettive earning cred each student.	m you நடிப்படு of the American dit. Sure avenue for
Part III Student and Educational Institution Informa See instructions.	tion (UIII JUN -6 P 1: 33
20 Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of your tax return)
JOHN_LAMB	XXX-XX-XXXX
22 Educational institution information (see instructions)	
a. Name of first educational institution FLORIDA STATE COLLEGE AT JACKSONVIL	b. Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 501 W STATE ST JACKSONVILLE, FL 32202	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZiP code if a foreign address, see instructions.
(2) Did the student receive Form 1098-T Yes No No	(2) Did-the student-receive Form 1098-T Yes No
(3) Did the student receive Form 1098-T from this institution for 2014 with Box Yes No 2 filled in and Box 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2014 with Box 2 Yes No affiled in and Box 7 checked?
If you checked "No" in both (2) and (3), skip (4).	If you checked "No" in both (2) and (3), skip (4).
(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T). 59-1149317	(4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).
Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2015?	Yes - Stop! Go to line 31 for this student. No - Go to line 24.
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begin in 2015 at an eligible educational institution in a program leading towards a postsecondary degree, certificate or other recognized postsecondary educational credential (see instructions)	Yes - Go to line 25.
25 Did the student complete the first 4 years of postsecondary education before 2015 (see instructions)?	Yes - Stop! Go to line 31 for this X No - Go to line 26. student.
26 Was the student convicted, before the enal of 2015, of a felony for possession or distribution of a controlled substance?	Yes - Stop! Go to line 31 for this student. No - Complete lines 27 through 30 for this student.
You cannot take the American opportunity credit and the lifetime you complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 27 through 30 for this student, do not complete lines 28 through 30 for this student, do not complete lines 28 through 30 for this student, do not complete lines 28 through 30 for this student, do not complete lines 28 through 30 for this student, do not complete lines 28 through 30 for this student, do not complete lines 28 through 30 for this student, do not complete lines 28 through 30 for this student, do not complete lines 28 through 30 for this student, do not complete lines 28 through 30 for this student, do not complete lines 30 for this student.	
American Opportunity Credit	
27 Adjusted qualified education expenses (see instructions). Do not enter r	more than \$4,000
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to	
enter the result. Skip line 31. Include the total of all amounts from all Part	s III, line 30 on Part I, line 1 30 1 , 763
Lifetime Learning Credit	
31 Adjusted qualified education expenses (see instructions). Include the total	al of all amounts from all Parts

IRS e-file Signature Authorization 8879 OMB No. 1545-0074 ▶ Do not send to the IRS. This is not a tax return. Department of the Treasury Keer his form for your records. 2015 Internal Revenue Service ▶ Information abou d its instructions is at www.irs.gov/form8879. RECEIVED AGLER COUNTY Submission Identification Numb Taxpayer's name SUPERVISOR OF ELECTIONS COURTED IN NUMBER JOHN T LA XXX-XX-XXXX Spouse's name Spoure's social security number NANETTE C LAMB XXX-XX-XXXX Part I Tax Return Information - Tax Year Ending December 31, 2015 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) 1 146,947 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12) 2 15,139 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) 3 23,911 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a) 4 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14) 5 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receiption for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the the Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account initiated in the lax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to despite entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no date than 2 business, days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent Taxpayer's PIN: check one box only RTN=2630792 Acc=3269921 lauthorize Bloomer's Tax Service Inc to enter or generate my PIN ERO firm name Enter five digits, but do as my signature on my tax year 2015 electronically filed income tax return. not enter all zeros I will enter my PIN as my signature on my tax year 2005 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature > Date > 03-16-2016 Spouse's PIN: check one box only X | lauthorize Bloomer's Tax Service Inc to enter or generate my PIN 93884 ERO firm name Enter five digits, but do as my signature on my tax year 2015 electronically filed income tax return. I will enter my PIN as my signature on my tax year 2015 electronically filed income tax return. Check this box only if you are entering your own PIN and your returns filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's signature > Date > 03-16-2016 Practitioner PIN Method Returns Only - continue below Part III Certification and Authentication - Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX-17110 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2015 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns. ERO's signature > Date $\rightarrow 03-16-2016$ ERO Must Retain This Form - See Instructions

Worksheet B Form 1040 Received Name(s) as shown on return NANETTE C LAMB FLAGLER COUNTY Use this worksheet if you answered "Yes" to Step 5, question 3. Complete the parts below (Parts 1 through 3) that apply to your Thems continue to Part 43 3. If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3. Ta. Enter the amount from Schedule SE, Section A, line 3, or

Part 1	1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.		1a	
Self-Employed. Members of the Clergy, and	b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.	+	1b	
People With Church	c. Combine lines 1a and 1b. d. Enter the amount from Schedule SE, Section A, line 6, or	=	1c	
Employee Income Filing Schedule SE	Section B, line 13, whichever applies.	-	7e	
ocheduse or	e. Subtract line 1d from 1c.			mod oo o
Part 2	 Do not include on these lines any statutory employee income, any net profit from servi notary public, any amount exempt from self-employment tax as the result of the filing a 4029 or Form 4361, or any other amounts exempt from self-employment tax. 			
Self-Employed NOT Required	a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 48, code A*.		2a	
To File Schedule SE	b. Enter any net profit or (loss) from Schedule C, line 31 Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14 code A (ather than farming); and Schedule K-1 (Form 1065-B), box 9, code 31*.	+	2b	(8,565)
For example, your net earnings from self-employment	c. Combine lines 2a and 2b.	≡.	26	(8,565)
were less than \$400.	*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Sche			on A.
	your name and social security number on Schedule SE and attach it to your return.	dule r	Χ-1.	
Part 3 Statutory				
Employees Filing Schedule C or C-EZ	3. Enter the amount from Schedule C, line 1c, or Schedule C-EZ, line 1c, that you are filing as a statutory employee.		3	
Part 4	A Collins to the Coll	,	4	(8,565)
All Filers Using Worksheet B	4. Combine lines 1e, 2c, and 3. This is your total self-employed income.			(0,505)

Need more information or forms? Visit IRS.gov.

Child Tax Credit Worksheet Forms 1040, 1040A 1040NR Keep for your records. Name(s) as shown on return Your social security number JOHN T & NANETTE C LAMB XXX-XX-XXXX CAUTION! • To be a qualifying he child must be under age 17 at the end of 2015 and meet the other rea you cannot claim the child take the COUNTY If you do n X \$1,000 STREERY ISSUE OF ELECTIONS 'art 1 2 Number of qualifying ch 2,000 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Fo 3. 1040 Filers. Enter the total of any - Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, 1040A and 1040NR Filers. Enter -0-. Add lines 2 and 3. Enter the total. 146,947 Enter the amount shown below for your filing status. Married filing jointly - \$110,000 Single, head of household, or qualifying widow(er) - \$75,000 110,000 Married filing separately - \$55,000 Is the amount on line 4 more than the amount on line 5? No. Leave line 6 blank, Enter -0- on line 7. X Yes. Subtract line 5 from line 4. 37,000 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc. Multiply the amount on line 6 by 5% (.05). Enter the result. 1,850 Is the amount on line 1 more than the amount on line 7? No. STOP You cannot take the child tax credit on Form 1040, line 52; form 1040A, line 35; or Form 1040NR, line 49. You also cannot take the additional child tax credit on Form 1040, line 37; Form 1040A, line 43; or Form 1040NR, line 64. Complete the rest of your Form 1040, Form 1040A, or Form 1049NR. Yes. Subtract line 7 from line 1. Enter the result. Go to Part 2 below. 150 Enter the amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR, line 45. Add the following amounts from: Form 1040 Form 1040A orm 1040NR Line 48 Line #6 Line 49 Line 31 Line 47 Line 50 Line 33 Line 51 Line 34 Line 48 Form 5695, line 30 Form 8910, line 15 Form 8936, line 23 Schedule R, line 22 Enter the total. 11. Are you claiming any of the following credits? Mortgage interest credit, Farm 8396. Adoption credit, Form 8839. Residential energy efficient property credit, Form 5695, Part I. District of Columbia first-time homebuyer credit, Form 8859. No. Enter the amount from line 10. Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete 2,558 the Line 11 Worksheet, later, to figure the amount to enter here. Subtract line 11 from line 9. Enter the result. 15,289 Is the amount on line 8 of this worksheet more than the amount on line 12? No. Enter the amount from line 8. This is your Yes. Enter the amount from line 12. See the TIP below. 150 child tax credit. TIP Enter this amount on You may be able to take the additional child tax credit on Form 1040, line 67; Form 1040A, line 43; Form 1040, line 52: or Form 1040NR, line 64, only if you answered "Yes" on line 13. Form 1040A, line 35; or Form 1040NR, line 49. First, complete your Form 1040 through line 66a (also complete line 71), Form 1040A through line 42a,

• Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

or Form 1040NR through line 63 (also, complete line 67).



RECEIVED FLAGLER COUNTY SUPERVISOR OF ELECTIONS

2015 JUN -6 Р 1:33

	أنسا سما منا						
	CORREC	:T⊏ſ	O (if checked)				
AYER'S name, street address, city or town, state or provin	ce, country, ZIP or foreign postal code, and telephone number			7	OMB No. 1545-0115	1	
DIODIDA ODADO CÓLLO	~ ~	Ι.,	Ī		OND 110. 1045-0110		n ws
FLORIDA STATE COLLE 501 W. STATE STREET	GE	\$	61	4	2015		Miscellaneous
	202	2	Royalties				Income
UACKSONVILLE FL 32	202	18			Form 1099-MISC		
904-632-3340 EXT		3	Other Income	4		held	
904-632-3340 EXT: 'AYER'S federal Identification number	RECIPIENT'S identification number	7		١.			Сору 2
591149317		\$		\$, copy 2
ECIPIENT'S name, street address (including apt. no.), city or	town, state or province, country, and 2IP or foreign postal code	5	Fishing boat proceeds	6	Medical and health care pa	ayments	
·		\$		\$			
JOHN T LAMB		7	Nonemployee compensation	8	Substitute payments in I	ieu of	T- 1 4111
1521 DUNNS LAKE DR	EAST		• • •	ŀ	dividends or interest		To be filed with
JACKSONVILLE FL 32:	218	\$	3703.00	\$			recipient's
		9	Payer made direct sales of \$5,000 or more of consumer	10	Crop Insurance proceed	s	state income
(see instructions)			products to a buyer (recipient) for resale	$\dashv_{\mathtt{s}}$			tax return,
	FATCA filing requirement ▶	13	Excess golden parachute	14			when
	12	١٠-	payments	1"	an attorney		required.
		\$		\$			=
- A 4004 J-4	15b Section 409A income	16	State tax withheld	117	State/Payer's state no.	18	State income
a Section 409A deferrals				1		1	
a Section 409A deterrals		\$			alandar dalahan kanana madan andan madan	\$	
<u>;</u>	\$ form1099mics	\$	trans distant section review distant situations.		Donatosat of	<u>\$</u>	Atomal Payenus Control
:	form1099misc	\$. 1000 2000 2000 1000 1000 1100		Department of t	<u>\$</u>	- Internal Revenue Service
orm 1099-MISC www.irs.gov/	form1099misc	S S	O (if checked)		Department of t	<u>\$</u>	- Internal Revenue Service
orm 1099-MISC www.irs.gov/	form1099misc			<u> </u>	Department of the Department o	<u>\$</u>	- Internal Revenue Service
orm 1099-MISC www.irs.gov/	CORREC ce, country, ZIP or foreign postal code, and telephone number	: 1		<u> </u>	OMB No. 1545-0115	\$ \$ the Treasury	
orm 1099-MISC www.irs.gowl	CORREC ce, country, ZIP or foreign postal code, and telephone number	\$	Rents	<u> </u>	OMB No. 1545-0115	\$ \$ the Treasury	Miscellaneous
yers name, street address, city or town, state or province FLORIDA STATE COLLEGE 501 W. STATE STREET	CORREC ce, country, ZIP or foreign postal code, and telephone number	: 1	Rents			\$ \$ the Treasury	
years name, street address, city or town, state or province FLORIDA STATE COLLEGE 501 W. STATE STREET	CORREC e, country, ZIP or foreign postal code, and telephone number	\$	Rents		OMB No. 1545-0115	\$ \$ the Treasury	Miscellaneous
years name, street address, city or town, state or province FLORIDA STATE COLLECTION STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT:	CORREC country, ZIP or foreign postal code, and telephone number GE	\$ 2	Rents		OMB No. 1545-0115	\$ \$ the Treasury	Miscellaneous Income
yers name, street address, city or town, state or province FLORIDA STATE COLLECTION STATE STREET JACKSONVILLE FL 322	CORREC e, country, ZIP or foreign postal code, and telephone number	\$ 2 \$ 3	Rents Royalties		OMB No. 1545-0115 2015 Form 1099-MISC	\$ \$ the Treasury	Miscellaneous
yers name, street address, city or town, state or province FLORIDA STATE COLLECT 501 W. STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317	CORREC country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number	\$ 3 \$	Royalties Other income	4 49	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax withh	the Treasury	Miscellaneous Income Copy B For Recipient
iven 1099-MISC www.irs.gov/iven 1099-MISC www.ir	CORREC country, ZIP or foreign postal code, and telephone number GE	\$ 2 \$ 3	Royalties Other income	4 49	OMB No. 1545-0115 2015 Form 1099-MISC	the Treasury	Miscellaneous Income Copy B For Recipient
VYER'S name, street address, city or town, state or province FLORIDA STATE COLLECTOR STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apt. no.), city or the street address (including apt. no.)	CORREC country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number	\$ 2 \$ 3 \$ 5	Royalties Other income	4 \$ 6	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax withh	the Treasury	Miscellaneous Income Copy B For Recipient This is important tax information and is
YER'S name, street address, city or town, state or province FLORIDA STATE COLLECTOR STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apt. no.), city or town.	CORREC Re, country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number own, state or province, country, and ZIP or foreign postal code	\$ 3 \$	Royalties Other income	4 49	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax within Medical and health care pa	the Treasury	Miscellaneous Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue
years name, street address, city or town, state or province FLORIDA STATE COLLECTOR STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apt. no.), city or I JOHN T LAMB L521 DUNNS LAKE DR E	CORREC te, country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number own, state or province, country, and ZIP or foreign postal code	\$ 2 \$ 3 \$ 5 \$ 7	Rents Royalties Other income Fishing boat proceeds . Nonemployee compensation	4 6 6	OMB No. 1545-0115 20 15 Form 1099-MISC Federal Income tax withh	the Treasury	Miscellaneous Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are
YER'S name, street address, city or town, state or province FLORIDA STATE COLLECTOR STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apt. no.), city or town.	CORREC te, country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number own, state or province, country, and ZIP or foreign postal code	\$ 2 \$ 3 \$ 5 \$ 7	Rents Royalties Other income Fishing boat proceeds . Nonemployee compensation 3703.00	4 49 6 69 8 69	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax within Medical and health care pa	the Treasury	Miscellaneous Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return,
YER'S name, street address, city or town, state or province FLORIDA STATE COLLECTOR STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town, state or province to the street address (including apt. no.), city or town, state or province town, state	CORREC te, country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number own, state or province, country, and ZIP or foreign postal code	\$ 2 \$ 3 \$ 5 \$ 7	Royalties Other income Fishing boat proceeds Nonemployee compensation 3 7 0 3 . 0 0 Paver made direct sales of	4 69 69 8	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax within Medical and health care pa	the Treasury	Miscellaneous Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are
years name, street address, city or town, state or province FLORIDA STATE COLLECTOR STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apt. no.), city or I JOHN T LAMB L521 DUNNS LAKE DR E	CORREC te, country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number own, state or province, country, and ZIP or foreign postal code	\$ 2 \$ 3 \$ 5 \$ 7	Royalties Other income Fishing boat proceeds Nonemployee compensation 3 7 0 3 . 0 0 Payer made direct sales of \$5,000 or more of consumer products to a buyer	4 49 6 8 8 10	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax within Medical and health care pa	the Treasury	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this
YER'S name, street address, city or town, state or province FLORIDA STATE COLLECTOR STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town the street address (including apt. no.), city or town, state or province to the street address (including apt. no.), city or town, state or province town, state	CORREC te, country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number own, state or province, country, and ZIP or foreign postal code	\$ 2 \$ 3 \$ 5 \$ 7	Royalties Other income Fishing boat proceeds Nonemployee compensation 3 7 0 3 . 0 0 Payer made direct sales of \$5,000 or more of consumer	4 49 6 69 8 69	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax within Medical and health care pa	the Treasury	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and
VYER'S name, street address, city or town, state or province FLORIDA STATE COLLECTION STATE TREET JACKSONVILLE FL 322 904-632-3340 EXT: 4YER'S federal identification number 591149317 CIPIENT'S name, street address (including apt. no.), city or town the street addr	CORREC e, country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number own, stale or province, country, and ZIP or foreign postal code	\$ 2 \$ 3 \$ 5 \$ 7 \$ 9	Royalties Other income Fishing boat proceeds Nonemployee compensation 3 7 0 3 . 0 0 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	4 4 6 6 8 8 6 10 8	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax within Medical and health care pa Substitute payments in it dividends or interest Crop Insurance proceeds	the Treasury	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this
VER'S name, street address, city or town, state or province FLORIDA STATE COLLEGED TO STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apl. no.), city or 1 JOHN T LAMB 1521 DUNNS LAKE DR E JACKSONVILLE FL 322 ccount number (see instructions)	CORREC Torm1099misc CORREC The country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number own, stale or province, country, and ZIP or foreign postal code EAST 218 FATCA filling requirement	\$ 2 \$ 3 \$ 5 \$ 7 \$ 9 \$ 13 \$ \$	Rents Royalties Other income Fishing boat proceeds Nonemployee compensation 3 7 0 3 . 0 0 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► Excess golden parachute payments	4 \$ 6 \$ 8 \$ 10 \$ 14 \$ \$	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax within Medical and health care pa Substitute payments in individends or Interest Crop Insurance proceeds Gross proceeds paid to an attorney	the Treasury	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
VYER'S name, street address, city or town, state or province FLORIDA STATE COLLEGED TO STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apl. no.), city or 1 JOHN T LAMB 1521 DUNNS LAKE DR E JACKSONVILLE FL 322 ccount number (see instructions)	CORREC e, country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S Identification number own, stale or province, country, and ZIP or foreign postal code EAST 218	\$ 2 \$ 3 \$ 5 \$ 7 \$ 9 13	Royalties Other income Fishing boat proceeds Nonemployee compensation 3 7 0 3 . 0 0 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► Excess golden parachute	4 \$ 6 \$ 8 \$ 10 \$ 14 \$ \$	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax within Medical and health care pa Substitute payments In it dividends or Interest Crop Insurance proceeds Gross proceeds paid to	the Treasury	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been
VYER'S name, street address, city or town, state or province FLORIDA STATE COLLEGED TO STATE STREET JACKSONVILLE FL 322 904-632-3340 EXT: AYER'S federal identification number 591149317 CIPIENT'S name, street address (including apl. no.), city or 1 JOHN T LAMB 1521 DUNNS LAKE DR E JACKSONVILLE FL 322 ccount number (see instructions)	CORREC Torm1099misc CORREC The country, ZIP or foreign postal code, and telephone number GE 202 RECIPIENT'S identification number own, stale or province, country, and ZIP or foreign postal code EAST 218 FATCA filling requirement	\$ 2 \$ 3 \$ 5 \$ 7 \$ 9 \$ 13 \$ \$	Rents Royalties Other income Fishing boat proceeds Nonemployee compensation 3 7 0 3 . 0 0 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► Excess golden parachute payments	4 \$ 6 \$ 8 \$ 10 \$ 14 \$ \$	OMB No. 1545-0115 2015 Form 1099-MISC Federal Income tax within Medical and health care pa Substitute payments in individends or Interest Crop Insurance proceeds Gross proceeds paid to an attorney	the Treasury	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

	Wage and Tax Statement 2015	OMB No. 15	15-0008			Depa	rtment of the Trea	sury - I	nternal Revenue Service
Control no 17104240		• 1		Employer identifi 59-6000344	cation number	COPY B	To Be Filed With	Emplo	yec's FEDERAL Tax Return
	yer's name, address and zip code of Jacksonville	N		Employee's SSN		1 Wages,	tips, other comper	sation	2 Federal income tax withheld
117 7	West Duval Street	フレー		7 Social security	tips F1	REDEM	En		6108.58
Suite Jacks	sonville FL 3 202) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			SUPERV	PLEN C	OUNTY'S ELLECTION		4 Social security tax withheld
Fr=-1er	voole Gret annue and St. of No.			8 Allocated tips		5 Medica:	e-wages and tibb	S	6 Medicare tax withheld 812.41
Nanet	yee's first name and Lamb	ne Suffi	х	9:44	ZŪ b J		deniscare benefits		11 Nonqualified plans
	E			I2a C	1.25	-		_	14 Other
· bucke				12b DD	7112.16	13 Statuto	ry Employee		Pens 3651.31
				12c	1 111110	Retiren	ent Plan	⊠ │	
Employ	yee's address and ZIP code			12d	' -	Third-pa	arty sick pay		
15 State	Employer's State ID number	16 State wages, tips etc.	17.5	State income tax	18 Local wages	, tips etc.	19 Local incor	ne tax	20 Locality name
			┼	· · · ·	<u> </u>	•			
This information	on is being furnished to the Internal Rever	nue Service							
							•••••••		
Control nu	Vage and Tax Statement 2015	OMB No. 154	15-0008	Employer identific	fation number	CORVET	Department of	the Tre	asury - Internal Revenue Service
.171042408				59-6000344	sation manager	Copy B)	or Employee's R	ecords	(See Notice to Employee on back of
City	er's name, address and zip code of Jacksonville			Employee's SSN		1 Wages, 1 52377.00	ips, other compen	sation	2 Federal income tax withheld 6108.58
Suite	est Duval Street 375			7 Social security t	ips		curity wages		4 Social security tax withheld
Jacks	onville FL 32202			8 Allocated tips		5 Medicar	e wages and tips		6 Medicare tax withheld
Employ	ee's first name and init Last Nam	ne Suffix				56028.31			812.41
Nanet	te C Lamb			9	Lauk ya t	10 Depend	lent care benefits		11 Nonqualified plans
Sacks	E	•		l2a C	1.25	13 Statutor	y Employee		14 Other
	·			12b DD	7112.16	4	-	_	Pens 3651.31
,	•			12c		Retirem	ent Plan [X	
Employ	ee's address and ZIP code			12d	<u>.</u>	Third-pa	rty sick pay	□	
15 State	Employer's State ID number	16 State wages, tips etc.	17 S	tate income tax	18 Local wages,	tips etc.	19 Local incom	e tax	20 Locality name
ļ.			 		ļ				
This information	is being furnished to the Internal Revenu	ue Service. If you are required to file	a tax retu	rn, a negligence penalty	or other sauction may	be imposed on v	ou if this income is ta	xable and	you fail to report it
	age and Tax Statement 2015	OMB No. 1545			•				ternal Revenue Service
Control nun 1710424086	nber			Employer identific	ation number	Copy 1 To	Be Filed With Er	nployee	ernal Revenue Service
	er's name, address and zip code			59-6000344 Employee's SSN		Return	ps, other compens		2 Federal income tax withheld
	of Jacksonville est Duval Street		ļ		<u></u>	52377.00		auga	6108.58
Suite Jackso	375 mville FL 32202			7 Social security ti	ps	3 Social sec	urity wages		4 Social security tax withheld
				8 Allocated tips			wages and tips		6 Medicare tax withheld
Employe Nanett	e's first name and init Last Name	Suffix		9 - 4 - 4		56028.31 10 Depende	ent care benefits		812.41 11 Nonqualified plans
3-	Lamb		ļ	24 25 3					
		•		12a C	1.25	13 Statutory	Employee [14 Other Pens 3651.31
				12b DD	7112.16	Retireme	ent Plan	× I	
5 1			-	12c	· -	Third no	ty sick pay	٦	
15 State	e's address and ZIP code Employer's State ID number	16 State wages, tips etc.	17.56	12d ate income tax	1071				T
			''	and income tax	18 Local wages,	ups etc.	19 Local incom-	e tax	20 Locality name
This information	is being furnished to the Internal Revenue	Section							
		g Selvice							
Form W-2 W2 Control numbe	age and Tax Statement 2015	OMB No. 1545	-0008 T	Employer identification			Department of t	he Trea	sury - Internal Revenue Service
. 1710424086 Evandover	's name, address and zip code	· · · · · · · · · · · · · · · · · · ·		59-6000344	The thoes				e, City, or Local Income Tax Return
City of	f Jacksonville			Employee's SSN		1 Wages, tip 52377.00	s, other compense	ation	2 Federal income tax withheld 6108.58
Suite 3			ſ	7 Social security tip	ıs	3 Social secu	inty wages		4 Social security tax withheld
Jacksor	nville FL 32202	•	}-	8 Allocated tips		5 Medicare	wages and tips		6 Medicare tax withheld
	's first name and init Last Name	Suffix		n ye was sales and see	ACCESSOR OF THE PROPERTY OF TH	56028.31			812.41
Nanette	e C Lamb		366	9 1		io Debeuge	nt care benefits		11 Nonqualified plans
Jane V.			ſ	12a C	1.25	13 Statutory	Employee		14 Other 9651.31
				12b DD	7112.16	Retireme		_ '	3031.31
			L	12c					
	's address and ZIP code			12d		Third-part	y sick pay]	 _
15 State	Employer's State ID number	16 State wages, tips etc.	17 Sta	te income tax	18 Local wages, t	ips etc.	19 Local income	tax	20 Locality name
									i

This information is being furnished to the Internal Revenue Service

	Vage and Tax Statement 2015	OMB No. 154	5-0008	8		Depa	riment of the Treasu	ıry - İni	ternal Revenue Service
Control nur 171041379				Employer identifi 59-6000344	cation number	COPYB	To Be Filed With E	mploy	ee's FEDERAL Tax Return
	er's name, address and zip code			Employee's SSN		1 Wages	tips, other compense	ation	2 Federal income tax withheld
City o	of Jacksonville est Duval Street				RE				17802.34
Suite	375		_	7 Social security	tips FLAGE	er coun	correy wages		4 Social security tax withheld
Jacks	onville FL 32202	•		8 Allocated tips	tips FLAGE SUPERVISO	R Profile	e Wages and tips		6 Medicare tax withheld
	ree's first name and init Last Nam	e Surf.	1			1 109432.95	1		1586.78
John ?	T Lamb	$\wedge V$	B	911 32 77 77 77	2016 JUN	1 8 needs	ien eare perefits		11 Nonqualified plans
Palm (Coast FL 32137	(17)	*	12a C	177.30	13 Statutor	ry Employee	7 1	14 Other
		. U '		12b DD	13635.84	┥			Pens 4997.84
				12c G	1300.00	_ Retirem	ent Plan	<u> </u>	
Employ	ree's address and ZIP code			12d		Third-pa	rty sick pay	ונ	
15 State	Employer's State ID number	16 State wages, tips etc.	17	State income tax	18 Local wages	tins etc.	19 Local income	tar	20 Locality name
							15 Ecoal Income		20 Locality haine
This information	n is being furnished to the Internal Revenu	rs Service					<u></u>	_	
						·	•••••••••••••••••••••••••••••••••••••••		
	/age and Tax Statement 2015	OMB No. 154	5-000	8			Department of ti	he Trea	sury - Internal Revenue Service
Control num 1710413791				Employer identific	eation number		or Employee's Rec	cords (See Notice to Employee on back of
	er's name, address and zip code	·		Employee's SSN		Copy B)	ips, other compensa	tion	2 Federal income tax withheld
City o	of Jacksonville est Duval Street					103135.11	ips, other compensa	щоп	17802.34
Suite	375	*		7 Social security t	rips	3 Social sec	curity wages		4 Social security tax withheld
Jackso	onville FL 32202			8 Allocated tips		5 Medicare	wages and tips		6 Medicare tax withheld
Employe	ee's first name and init Last Name	Suffix		- <u>L</u>		109432.95			1586.78
John T				.9 Svojač _a 2. š. k.)	2000年前	10 Depend	ent care benefits		11 Nonqualified plans
Palm C	Coast FL 32137			12a C	177.30	12 Crabita			I4 Other
"""	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12b DD	1 12625.04	13 500000	y Employee	'	Pens 4997.84
			1		13635.84	Retirem	ent Plan 🔀	3	•
Employe	e's address and ZIP code		•	12c G	1300.00	Third-par	rty sick pay	ı l	
15 State	Employer's State ID number	16 State was as a star at	1	12d	1				T
, solute	Employer's State to number	16 State wages, tips etc.	'''	State income tax	18 Local wages,	tips etc.	19 Local income	tax	20 Locality name
									
This information	is being furnished to the Internal Revenue	Service. If you are required to file	a lax rel	turn, a negligence penalty	or other sanction may	be imposed on yo	u if this income is taxa	ble and	you fail to report it.
	age and Tax Statement 2015	OMB No. 1545	-0008			Depart	ment of the Treasur	y - Inte	ernal Revenue Service
Control num 1710413791				Employer identification 59-6000344	ation number	Copy 1 To	Be Filed With Emp	ployce'	s State, City, or Local Income Tax
Employer	r's name, address and zip code				, <u></u>	Return			
	f Jacksonville			Employee's SSN		1 Wages, ti	ns, other compensat	tion	2 Federal income tay withheld
	st Duval Street			Employee's SSN		103135.11	ps, other compensat	tion	2 Federal income tax withheld 17802.34
Suite 3	375			7 Social security ti	ps	1 Wages, ti 103135.11 3 Social sec		tion	
					ps	103135.11 3 Social sec 5 Medicare	urity wages	tion	17802.34
Jackson	375	Suffix		7 Social security ti 8 Allocated tips	<u> </u>	103135.11 3 Social sec 5 Medicare 109432.95	urity wages wages and tips	tion	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78
Jackson	375 nville FL 32202	Suffix		7 Social security ti 8 Allocated tips	<u> </u>	103135.11 3 Social sec 5 Medicare 109432.95	urity wages	tion	17802.34 4 Social security tax withheld 6 Medicare tax withheld
Jackson Employee John T	375 nville FL 32202 e's first name and init Last Name			7 Social security ti	<u> </u>	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende	wages and tips		17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans
Jackson Employee John T	arst FL 32237	Suffix		7 Social security to 8 Allocated tips		103135.11 3 Social sec 5 Medicare 109432.95 10 Depende	wages and tips ent care benefits	1	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans
Jackson Employee John T	375 nville FL 32202 c's first name and init	, ,		7 Social security ti 8 Allocated tips	177.30	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende	wages and tips ent care benefits	1	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans
Employee John T	arst FL 32237	, ,		7 Social security ti 8 Allocated tips 9 12a C 12b DD	177.30 13635.84 ~	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme	wages and tips ent care benefits	1	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans
Employee John T	arst FL 32137	, ,		7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G	177.30 13635.84 ~	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme	wages and tips ent care benefits Employee	i i	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84
Jackson Employee John T Palm Co	ars inville FL 32202 c's first name and init Last Name Lamb cast FL 32137	€		7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G	177.30 13635.84 ~ 1300.00	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme	wages and tips ent care benefits Employee ont Plan sty sick pay	i i	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans
Employee John T Palm Co Employee	ars inville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number	€ ♣ ♣ 16 State wages, tips etc.		7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G	177.30 13635.84 ~ 1300.00	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme	wages and tips ent care benefits Employee ont Plan sty sick pay	i i	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84
Employee John T Palm Co Employee	ars inville FL 32202 c's first name and init Last Name Lamb cast FL 32137	€ ♣ ♣ 16 State wages, tips etc.		7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G	177.30 13635.84 ~ 1300.00	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme	wages and tips ent care benefits Employee ont Plan sty sick pay	i i	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84
Employee John T Palm Co Employee 15 State	ars inville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number a being furnished to the Internal Revenue ge and Tax Statement 2015	€ ♣ ♣ 16 State wages, tips etc.	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G 12d State income tax	177.30 13635.84 ~ 1300.00 18 Local wages,	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par	wages and tips ent care benefits Employee ont Plan inty sick pay 19 Local income to	tax	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other ens 4997.84 20 Locality name
Employee John T Palm Co Employee 15 State Form W-2 Wa Control number 1710413791	ars inville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number s being furnished to the Internal Revenue ge and Tax Statement 2015	€ ♣	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G	177.30 13635.84 ~ 1300.00 18 Local wages,	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par	wages and tips ent care benefits Employee ont Plan inty sick pay 19 Local income to	tax	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name
Employee John T Palm Cc Employee 15 State This information is Form W-2 Wa Control number 171041379; Employers	ars inville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number a being furnished to the Internal Revenue ge and Tax Statement 2015 s name, address and zip code	€ ♣	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN	177.30 13635.84 ~ 1300.00 18 Local wages,	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be	wages and tips ent care benefits Employee ont Plan inty sick pay 19 Local income to	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name ury - Internal Revenue Service City, or Local Income Tax Return 2 Federal income tax withheld
Employee John T Palm Co Employee 15 State Form W-2 Was Control number 1710413791 Employer City of 117 Wes	arsinville FL 32202 c's first name and init Last Name Lamb cast FL 32137 c's address and ZIP code Employer's State ID number s being furnished to the Internal Revenue ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street	€ ♣	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN	177.30 13635.84 ~ 1300.00 18 Local wages,	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11	wages and tips ent care benefits Employee ont Plan inty sick pay 19 Local income to the Filed With Employee poss, other compensations, and the compensations in the care of the compensations in the care of the compensations in the care of the	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name 27 Local Income Tax Return 2 Federal income tax withheld 17802.34
Employee John T Palm Cc Employee 15 State This information in Form W-2 Was Control number 1710413791 Employers City of 117 Wes Suite 3	arsinville FL 32202 c's first name and init Last Name Lamb cast FL 32137 c's address and ZIP code Employer's State ID number s being furnished to the Internal Revenue ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street	€ ♣	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN 7 Social security tip	177.30 13635.84 ~ 1300.00 18 Local wages,	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social secu	wages and tips ent care benefits Employee ont Plan ty sick pay 19 Local income of the Fited With Employee os, other compensationity wages	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name ury - Internal Revenue Service City, or Local Income Tax Return 2 Federal income tax withheld 17802.34 4 Social security tax withheld
Employee John T Palm Co Employee 15 State Form W-2 Was Control number 1710413791 Employer City of 117 Wes Suite 3 Jackson	ars nville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street 75 ville FL 32202	16 State wages, tips etc. Service OMB No. 1545	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN	177.30 13635.84 ~ 1300.00 18 Local wages,	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social sect 5 Medicare	wages and tips ent care benefits Employee ont Plan inty sick pay 19 Local income to the Filed With Employee poss, other compensations, and the compensations in the care of the compensations in the care of the compensations in the care of the	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name 2 Federal income Tax Return 2 Federal income tax withheld 17802.34 4 Social security tax withheld 6 Medicare tax withheld
Employee In State Employee If State Form W-2 Was Control number 1710413791 Employer City of 117 Wes Suite 3 Jackson	ars nville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number s being furnished to the Internal Revenue ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street 75 ville FL 32202 s first name and init Last Name	€ ♣	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN 7 Social security tip 8 Allocated tips	177.30 13635.84 ~ 1300.00 18 Local wages,	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social secu 5 Medicare 109432.95	wages and tips ent care benefits Employee ont Plan ty sick pay 19 Local income of the Fited With Employee os, other compensationity wages	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name ury - Internal Revenue Service City, or Local Income Tax Return 2 Federal income tax withheld 17802.34 4 Social security tax withheld
Employee In the information is form W-2 War Control number 1710413791 Employer City of 117 Wes Suite 3 Jackson	ars nville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street 75 ville FL 32202	16 State wages, tips etc. Service OMB No. 1545	17 S	7 Social security ti 8 Allocated tips 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN 7 Social security tip 8 Allocated tips 91	177.30 13635.84	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social secu 5 Medicare 109432.95	urity wages wages and tips ent care benefits Employee ont Plan inty sick pay 19 Local income to the Filed With Employee arity wages wages and tips	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name 2 Federal income tax withheld 17802.34 4 Social security tax withheld 1586.78 11 Nonqualified plans
Employee John T Palm Co Employee 15 State This information is Form W-2 Wa- Control number City of 117 Wes Suite 3 Jackson Employee John T	ars nville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number s being furnished to the Internal Revenue ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street 75 ville FL 32202 s first name and init Last Name	16 State wages, tips etc. Service OMB No. 1545	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN 7 Social security tip 8 Allocated tips 91	177.30 13635.84 ~ 1300.00 18 Local wages,	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social secu 5 Medicare 109432.95	urity wages wages and tips ent care benefits Employee ont Plan If y sick pay 19 Local income to the Filed With Employee os, other compensationity wages wages and tips int care benefits	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name 21 Federal income Tax Return 2 Federal income tax withheld 17802.34 4 Social security tax withheld 1586.78
Employee John T Palm Co Employee 15 State Form W-2 Wa- Control number Trito413791 Employer City of 117 Wes Suite 3 Jackson Employee John T	ars inville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number a being furnished to the Internal Revenue ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street 75 ville FL 32202 s first name and init Last Name Lamb	16 State wages, tips etc. Service OMB No. 1545	17 S	7 Social security ti 8 Allocated tips 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN 7 Social security tip 8 Allocated tips 91	177.30 13635.84	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social sect 5 Medicare 109432.95 10 Depende	wages and tips ent care benefits Employee ont Plan ty sick pay 19 Local income of the Filed With Employee os, other compensationity wages wages and tips ont care benefits Employee	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name 21 Federal income tax withheld 17802.34 4 Social security tax withheld 17802.34 1 Nonqualified plans 1 Nonqualified plans 4 Other
Employee John T Palm Co Employee 15 State Form W-2 Wa- Control number Trito413791 Employer City of 117 Wes Suite 3 Jackson Employee John T	ars inville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number a being furnished to the Internal Revenue ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street 75 ville FL 32202 s first name and init Last Name Lamb	16 State wages, tips etc. Service OMB No. 1545	17 S	7 Social security ti 8 Allocated tips 12a C 12b DD 12c G 12d 12d State income tax Employer identification 59-6000344 Employee's SSN 7 Social security tip 8 Allocated tips 91 12a C 12b DD	177.30 13635.84 ~ 1300.00 18 Local wages,	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social secu 5 Medicare 109432.95 10 Depende 13 Statutory Retirement	urity wages wages and tips ent care benefits Employee the plan 19 Local income to the Filed With Employee so, other compensationity wages wages and tips ent care benefits Employee at Plan Employee at Plan The plan The plan The plan The plan The plan The plan The plan The	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name 21 Federal income tax withheld 17802.34 4 Social security tax withheld 17802.34 1 Nonqualified plans 1 Nonqualified plans 4 Other
Employee 15 State Employee 15 State Form W-2 Was Control number 1710413791 Employee's Suite 3 Jackson' Employee's John T	ars inville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number a being furnished to the Internal Revenue ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street 75 ville FL 32202 s first name and init Last Name Lamb	16 State wages, tips etc. Service OMB No. 1545	17 S	7 Social security ti 8 Allocated tips 12a C 12b DD 12c G 12d 12d State income tax Employer identification 59-6000344 Employee's SSN 7 Social security tip 8 Allocated tips 91 12a C 12b DD	177.30 13635.84 ~ 1300.00 18 Local wages, 177.30 13635.84	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social sect 5 Medicare 109432.95 10 Depende	urity wages wages and tips ent care benefits Employee the Plan Department of the Filed With Employee so, other compensationity wages wages and tips ent care benefits Employee at Plan Employee the Plan he plan The plan The plan The plan The plan	tax e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name 21 Federal income tax withheld 17802.34 4 Social security tax withheld 17802.34 1 Nonqualified plans 1 Nonqualified plans 4 Other
Employee 15 State Employee 15 State Form W-2 Was Control number 1710413791 Employee's Suite 3 Jackson' Employee's John T	ars inville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street 75 ville FL 32202 s first name and init Last Name Lamb ast FL 32137	16 State wages, tips etc. Service OMB No. 1545	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN 7 Social security tip 8 Allocated tips 91 12a C 12b DD 12c G	177.30 13635.84 ~ 1300.00 18 Local wages, 177.30 13635.84	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social secu 5 Medicare 109432.95 10 Depende 13 Statutory Retiremer Third-part	urity wages wages and tips ent care benefits Employee the plan 19 Local income to the Filed With Employee so, other compensationity wages wages and tips ent care benefits Employee at Plan Employee at Plan The plan The plan The plan The plan The plan The plan The plan The	e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name 21 Federal income tax withheld 17802.34 4 Social security tax withheld 17802.34 1 Nonqualified plans 1 Nonqualified plans 4 Other
Employee In the second of the	ars inville FL 32202 c's first name and init Last Name Lamb coast FL 32137 c's address and ZIP code Employer's State ID number Employer's State ID number ge and Tax Statement 2015 s name, address and zip code Jacksonville t Duval Street 75 ville FL 32202 s first name and init Last Name Lamb ast FL 32137	16 State wages, tips etc. Service OMB No. 1545	17 S	7 Social security ti 8 Allocated tips 9 12a C 12b DD 12c G 12d State income tax Employer identification 59-6000344 Employee's SSN 7 Social security tip 8 Allocated tips 91 12a C 12b DD 12c G 12d	177.30 13635.84 - 1300.00 18 Local wages, 1977.30 13635.84 1300.00	103135.11 3 Social sec 5 Medicare 109432.95 10 Depende 13 Statutory Retireme Third-par tips etc. Copy 2 To Be 1 Wages, tip 103135.11 3 Social secu 5 Medicare 109432.95 10 Depende 13 Statutory Retiremer Third-part	urity wages wages and tips ent care benefits Employee ont Plan ty sick pay Department of the Filed With Employee or, other compensationity wages wages and tips ont care benefits Employee ont Plan ty sick pay	e Treas	17802.34 4 Social security tax withheld 6 Medicare tax withheld 1586.78 11 Nonqualified plans 14 Other Pens 4997.84 20 Locality name 20 Locality name 21 Federal income tax withheld 17802.34 4 Social security tax withheld 1586.78 11 Nonqualified plans 4 Other Social Security tax withheld 1586.78 11 Nonqualified plans 4 Other Social Security tax withheld 1586.78