

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

OF FINANCIAL INTERESTS

RECEIVED FOR USE ONLY:
FLAGLER COUNTY
SUPERVISOR OF ELECTIONS

2016 JUN -6 P 1:32

COPY

LAST NAME — FIRST NAME — MIDDLE NAME:
Lamb John Thomas

MAILING ADDRESS:
[REDACTED]

CITY: ZIP: COUNTY:
Palm Coast 32137 Flagler

NAME OF AGENCY:
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

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 March 31st, 2016 was \$ 159,281.15.

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 \$ 55,000.00

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

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 32257	\$36,687.00
City and Police Credit Union Line of Credit 4675 Sunbeam Rd, Jacksonville, FL 32257	\$9,302.00
City and Police Credit Union 4675 Sunbeam Rd, Jacksonville, FL 32257 2012 Honda Fit	\$7,854.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

COPY

PART D -- INCOME

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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 W2s, schedules, and attachments. Please redact any social security account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2'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.]

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

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

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

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

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

BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

PART F - TRAINING

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

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

STATE OF FLORIDA
 COUNTY OF Flagler

I, the person whose name appears at the beginning of this form, do depose and say that the information disclosed on this form and any attachments hereto are true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 6 day of June, 2016 by Peter G Young

Peter G Young
 (Signature of Notary Public--State of Florida)

Peter G Young
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification

Type of Identification Produced FLORIDA DRIVERS LICENSE

 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

 Signature

 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

FORM **COPY** FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS

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SUPERVISOR OF ELECTIONS

2015

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 Phoenix, AZ 85038-9704 2010 Volkswagen Jetta	\$3,100.00

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

Your first name and initial: **JOHN T** Last name: **LAMB** Social security number: **XXX-XX-XXXX**

If a joint return, spouse's first name and initial: **NANETTE C** Last name: **LAMB** Spouse's social security number: **XXX-XX-XXXX**

Home address (number and street): **[REDACTED]** City, town or post office, state, and ZIP code: **Palm Coast FL 32137**

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

Presidential Election Campaign: You Spouse

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2016 JUL 16 10 33 AM

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

b Spouse

c Dependents:		(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)
(1) First name	Last name			
HELEN N	LAMB	XXX-XX-XXXX	Daughter	<input type="checkbox"/>
JOHN	LAMB JR	XXX-XX-XXXX	Son	<input type="checkbox"/>
GABRIEL D	LAMB	XXX-XX-XXXX	Son	<input checked="" type="checkbox"/>
NOAH J	LAMB	XXX-XX-XXXX	Son	<input checked="" type="checkbox"/>

d Total number of exemptions claimed: **6**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	155,512
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	(8,565)
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	146,947

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	
b	Recipient's SSN		
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	146,947

COPY

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 146,947
39a Check [] You were born before January 2, 1951, [] Blind, total boxes
[] Spouse was born before January 2, 1951, [] Blind, checked 39a
b If your spouse itemizes on a separate return or you were a dual-status alien, check here
40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 17,909
41 Subtract line 40 from line 38 41 129,038
42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 24,000
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 105,038
44 Tax (see instructions). Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 44 17,847
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Excess advance premium tax credit repayment. Attach Form 8962 46
47 Add lines 44, 45, and 46 47 17,847
48 Foreign tax credit. Attach Form 1116 if required 48
49 Credit for child and dependent care expenses. Attach Form 2441 49
50 Education credits from Form 8863, line 19 50 2,558
51 Retirement savings contributions credit. Attach Form 8880 51
52 Child tax credit. Attach Schedule 8812, if required 52 150
53 Residential energy credit. Attach Form 5695 53
54 Other credits from Form: a [] 3800 b [] 8801 c [] 54
55 Add lines 48 through 54. These are your total credits 55 2,708
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 15,139

Other Taxes

57 Self-employment tax. Attach Schedule SE 57
58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 58
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59
60 a Household employment taxes from Schedule H 60a
b First-time homebuyer credit repayment. Attach Form 5405 if required 60b
61 Health care: individual responsibility (see instructions) Full-year coverage [X] 61
62 Taxes from: a [] Form 8959 b [] Form 8960 c [] instructions; 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 W-2 and 1099 64 23,911
65 2015 estimated tax payments and amount applied from 2014 return 65
66a Earned income credit (EIC) 66a
b Nontaxable combat pay election 66b
67 Additional child tax credit. Attach Schedule 8812 67
68 American opportunity credit from Form 8863, line 8 68 1,705
69 Net premium tax credit. Attach Form 8962 69
70 Amount paid with request for extension to file 70
71 Excess social security and tier 1 RRTA tax withheld 71
72 Credit for federal tax on fuels. Attach Form 4136 72
73 Credits from Form: a [] 4439 b [] Reserved c [] 8885 d [] 73
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 25,616

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 10,477
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here [] 76a 10,477
b Routing number 2 6 3 0 7 9 2 7 6 c Type: [X] Checking [] Savings
d Account number 3 2 6 9 9 2 1
77 Amount of line 75 you want applied to your 2016 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78
79 Estimated tax penalty (see instructions) 79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [X] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation Daytime phone number
56268 03-16-2016 POLICE OFFICER 904-683-1146
Spouse's signature, if a joint return, both must sign. Date Spouse's occupation Identity Protection PIN (see inst.)
93884 03-16-2016 POLICE OFFICER
Preparer's signature Date Check [X] if PTIN self-employed XXXXXXXXXX

Paid Preparer Use Only

Print/Type preparer's name GEORGE M BLOOMER
Firm's name Bloomer's Tax Service Inc Firm's EIN 59-3623705
Firm's address 4429 CR 218 W Middleburg, FL 32068-4854 Phone no. 904-282-0534

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

2015
Attachment
Sequence No. 07

Name(s) shown on Form 1040

JOHN T & NANETTE C LAMB

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SUPERVISOR OF ELECTIONS

Your social security number
XXX-XX-XXXX

Section	Line	Description	Amount	Total
Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	336,184	
	2	Enter amount from Form 1040, line 38	146,947	
	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	14,695	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		0
Taxes You Paid	5	State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	3,036	
	6	Real estate taxes (see instructions)	2,610	
	7	Personal property taxes		
	8	Other taxes. List type and amount		
	9	Add lines 5 through 8		5,646
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10,250	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		
	12	Points not reported to you on Form 1098. See instructions for special rules		
	13	Mortgage insurance premiums (see instructions)		
	14	Investment interest. Attach Form 4952 if required. (See instructions.)		
	15	Add lines 10 through 14		10,250
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2,013	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		
	18	Carryover from prior year		
	19	Add lines 16 through 18		2,013
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instr.)		
	22	Tax preparation fees		
	23	Other expenses - investment, safe deposit box, etc. List type and amount	UNION DUES 870 EXERCISE 954	1,824
	24	Add lines 21 through 23		1,824
	25	Enter amount from Form 1040, line 38	146,947	
	26	Multiply line 25 by 2% (.02)	2,939	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		0
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount		
Total Itemized Deductions	29	Is Form 1040, line 38, over \$154,950? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		17,909
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attachment to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

2015

Attachment
Sequence No. **09**

Name of proprietor

NANETTE C LAMB

Social security number (SSN)

XXX-XX-XXXX

A Principal business or profession, including product or service (see instructions)

SECURITY

B Enter code from instructions

541990

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code **JACKSONVILLE FL 32218**

F Accounting method: (1) 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

Yes No

H If you started or acquired this business during 2015, check here

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)

Yes No

J If "Yes," did you or will you file required Forms 1099?

Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	3,703
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	3,703
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	3,703
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	3,703

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	3,348
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	2,474
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	2,153
17 Legal and professional services	17	150	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 a Other expenses (from line 48)	27a	4,143
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	12,268
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(8,565)

30 Expenses for business use of your 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

31 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.
- 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 on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

31 **(8,565)**

Name(s) NANETTE C LAMB SSN XXX-XX-XXXX

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory... 34 Was there any change in determining quantities, costs, or valuations... 35 Inventory at beginning of year... 36 Purchases less cost of items withdrawn for personal use... 37 Cost of labor... 38 Materials and supplies... 39 Other costs... 40 Add lines 35 through 39... 41 Inventory at end of year... 42 Cost of goods sold. Subtract line 41 from line 40.

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Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business.

43 When did you place your vehicle in service for business purposes? 44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for: a Business b Commuting c Other 45 Was your vehicle available for personal use during off-duty hours? 46 Do you (or your spouse) have another vehicle available for personal use? 47 a Do you have evidence to support your deduction? b If "Yes," is the evidence written?

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Description of expense and Amount. Row 1: COMMUNICATIONS, 4,143. Row 2: (blank), (blank). Row 3: (blank), (blank). Row 4: (blank), (blank). Row 5: (blank), (blank). Row 6: (blank), (blank). Row 7: (blank), (blank). Row 8: (blank), (blank). Row 9: (blank), (blank). Row 10: (blank), (blank). Row 11: (blank), (blank). Row 12: (blank), (blank). Row 13: (blank), (blank). Row 14: (blank), (blank). Row 15: (blank), (blank). Row 16: (blank), (blank). Row 17: (blank), (blank). Row 18: (blank), (blank). Row 19: (blank), (blank). Row 20: (blank), (blank). Row 21: (blank), (blank). Row 22: (blank), (blank). Row 23: (blank), (blank). Row 24: (blank), (blank). Row 25: (blank), (blank). Row 26: (blank), (blank). Row 27: (blank), (blank). Row 28: (blank), (blank). Row 29: (blank), (blank). Row 30: (blank), (blank). Row 31: (blank), (blank). Row 32: (blank), (blank). Row 33: (blank), (blank). Row 34: (blank), (blank). Row 35: (blank), (blank). Row 36: (blank), (blank). Row 37: (blank), (blank). Row 38: (blank), (blank). Row 39: (blank), (blank). Row 40: (blank), (blank). Row 41: (blank), (blank). Row 42: (blank), (blank). Row 43: (blank), (blank). Row 44: (blank), (blank). Row 45: (blank), (blank). Row 46: (blank), (blank). Row 47: (blank), (blank). Row 48: (blank), (blank). Row 49: (blank), (blank). Row 50: (blank), (blank). Row 51: (blank), (blank). Row 52: (blank), (blank). Row 53: (blank), (blank). Row 54: (blank), (blank). Row 55: (blank), (blank). Row 56: (blank), (blank). Row 57: (blank), (blank). Row 58: (blank), (blank). Row 59: (blank), (blank). Row 60: (blank), (blank). Row 61: (blank), (blank). Row 62: (blank), (blank). Row 63: (blank), (blank). Row 64: (blank), (blank). Row 65: (blank), (blank). Row 66: (blank), (blank). Row 67: (blank), (blank). Row 68: (blank), (blank). Row 69: (blank), (blank). Row 70: (blank), (blank). Row 71: (blank), (blank). Row 72: (blank), (blank). Row 73: (blank), (blank). Row 74: (blank), (blank). Row 75: (blank), (blank). Row 76: (blank), (blank). Row 77: (blank), (blank). Row 78: (blank), (blank). Row 79: (blank), (blank). Row 80: (blank), (blank). Row 81: (blank), (blank). Row 82: (blank), (blank). Row 83: (blank), (blank). Row 84: (blank), (blank). Row 85: (blank), (blank). Row 86: (blank), (blank). Row 87: (blank), (blank). Row 88: (blank), (blank). Row 89: (blank), (blank). Row 90: (blank), (blank). Row 91: (blank), (blank). Row 92: (blank), (blank). Row 93: (blank), (blank). Row 94: (blank), (blank). Row 95: (blank), (blank). Row 96: (blank), (blank). Row 97: (blank), (blank). Row 98: (blank), (blank). Row 99: (blank), (blank). Row 100: (blank), (blank).

Form 8863

Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

2015

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040 or Form 1040A. Information about Form 8863 and its separate instructions is at www.irs.gov/form8863.

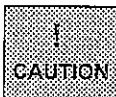
Attachment Sequence No. 50

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

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Your social security number XXX-XX-XXXX

2016 JUN -6 P 1:33



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.

Part I Refundable American Opportunity Credit

Table with 8 rows for Refundable American Opportunity Credit. Columns include line number, description, and amount. Values include 4,263, 180,000, 146,947, 33,053, 20,000, 1.000, 4,263, and 1,705.

Part II Nonrefundable Education Credits

Table with 19 rows for Nonrefundable Education Credits. Columns include line number, description, and amount. Values include 2,558, 2,558, and 2,558.

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

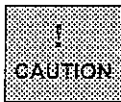
Form 8863 (2015)

Name(s) shown on return

JOHN T & NANETTE C LAMB

Your social security number

XXX-XX-XXXX



Complete Part III for each student for whom you are claiming either the American opportunity credit or the lifetime learning credit. See instructions. **RECEIVED SUPERVISOR'S OFFICE**

Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return) **HELEN N LAMB**
 21 Student social security number (as shown on page 1 of your tax return) **XXX-XX-XXXX**

22 Educational institution information (see instructions)
 a. Name of first educational institution **UNIVERSITY OF NO FLORIDA**
 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.
**1 UNF DR
 Jacksonville, FL 32224**

(2) Did the student receive Form 1098-T from this institution for 2015? Yes No

(3) Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? Yes No

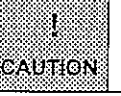
If you checked "No" in both (2) and (3), skip (4).
 (4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T).
59-2976169

23 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 begun 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. No - Stop! Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2015 (see instructions)? Yes - Stop! Go to line 31 for this student. No - Go to line 26.

26 Was the student convicted, before the end 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 learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

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-	28	2,000
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 the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	2,500

Lifetime Learning Credit

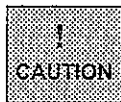
31	Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
----	---	----	--

Name(s) shown on return

JOHN T & NANETTE C LAMB

Your social security number

XXX-XX-XXXX



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use a separate copy of page 2 as needed for each student.

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Part III Student and Educational Institution Information

See instructions.

20 Student name (as shown on page 1 of your tax return)
 JOHN LAMB

21 Student social security number (as shown on page 1 of your tax return)
 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

(2) Did the student receive Form 1098-T from this institution for 2015? Yes No

(3) Did the student receive Form 1098-T from this institution for 2014 with Box 2 filled in and Box 7 checked? Yes No

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

23 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 begun 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. No - Stop! Go to line 31 for this student.

25 Did the student complete the first 4 years of postsecondary education before 2015 (see instructions)? Yes - Stop! Go to line 31 for this student. No - Go to line 26.

26 Was the student convicted, before the end 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 learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	1,763
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	1,763

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
---	-----------	--

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. This is not a tax return.
Keep this form for your records.

Information about Form 8879 and its instructions is at www.irs.gov/form8879.

2015

Submission Identification Number (SIN)

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FLAGLER COUNTY
SUPERVISOR OF ELECTIONS

Taxpayer's name

JOHN T LAMB

Taxpayer's security number

XXX-XX-XXXX

Spouse's name

NANETTE C LAMB

Spouse's social security number

XXX-XX-XXXX

Part I Tax Return Information - Tax Year Ending December 31, 2015 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	146,947
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	15,139
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	23,911
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	10,477
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2015, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare 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 receipt, (b) a reason for rejection of the transmission, (c) the date of any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the 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 later 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=263079276 Acct=3269921

I authorize Bloomer's Tax Service Inc to enter or generate my PIN 56268
ERO firm name Enter five digits, but do not enter all zeros
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 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

I authorize Bloomer's Tax Service Inc to enter or generate my PIN 93884
ERO firm name Enter five digits, but do not enter all zeros
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 return is 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 03-16-2016

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

COPY

Keep for Your Records

Name(s) as shown on return

NANETTE C LAMB

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SUPERVISOR OF ELECTIONS

Your social security number

XXX-XX-XXXX

Use this worksheet if you answered "Yes" to Step 5, question 3.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- 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.

Part 1

Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE

1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.

1a

b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.

+

1b

c. Combine lines 1a and 1b.

=

1c

d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.

-

1d

e. Subtract line 1d from 1c.

=

1e

Part 2

Self-Employed
NOT Required
To File
Schedule SE

For example, your net earnings from self-employment were less than \$400

2. Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

2a

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 (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J*.

+

2b

(8,565)

c. Combine lines 2a and 2b.

=

2c

(8,565)

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

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

All Filers Using
Worksheet B

4. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4

(8,565)

Child Tax Credit Worksheet
Keep for your records.

Name(s) as shown on return: **JOHN T & NANETTE C LAMB** Your social security number: **XXX-XX-XXXX**

CAUTION! • To be a qualifying child for the child tax credit, the child must be under age 17 at the end of 2015 and meet the other requirements listed in the instructions.
• If you do not have a qualifying child, you cannot claim the child tax credit.

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Part 1	1. Number of qualifying children: <u>2</u> X \$1,000. Enter the result.	1 <u>2,000</u>
	2. Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37.	2 <u>146,947</u>
	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-.	3 _____
	4. Add lines 2 and 3. Enter the total.	4 <u>146,947</u>
	5. Enter the amount shown below for your filing status. • Married filing jointly - \$110,000 • Single, head of household, or qualifying widow(er) - \$75,000 • Married filing separately - \$55,000	5 <u>110,000</u>
	6. Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> Yes. Subtract line 5 from line 4. 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.	6 <u>37,000</u>
	7. Multiply the amount on line 6 by 5% (.05). Enter the result.	7 <u>1,850</u>
	8. Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> 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 67; Form 1040A, line 43; or Form 1040NR, line 64. Complete the rest of your Form 1040, Form 1040A, or Form 1040NR. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. Go to Part 2 below.	8 <u>150</u>
Part 2	9. Enter the amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR, line 45.	9 <u>17,847</u>
	10. Add the following amounts from: Form 1040 or Form 1040A or Form 1040NR Line 48 Line 46 + _____ Line 49 Line 31 + _____ Line 50 Line 33 + <u>2,558</u> Line 51 Line 34 Line 48 + _____ Form 5695, line 30 + _____ Form 8910, line 15 + _____ Form 8936, line 23 + _____ Schedule R, line 22 + _____	10 <u>2,558</u>
	11. Are you claiming any of the following credits? • Mortgage interest credit, Form 8396. • Adoption credit, Form 8839. • Residential energy efficient property credit, Form 5695, Part I. • District of Columbia first-time homebuyer credit, Form 8859. <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet, later, to figure the amount to enter here.	11 <u>2,558</u>
	12. Subtract line 11 from line 9. Enter the result.	12 <u>15,289</u>
	13. Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8. <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13 <u>150</u>

TIP You may be able to take the additional child tax credit on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64, only if you answered "Yes" on line 13.
• First, complete your Form 1040 through line 66a (also complete line 71), Form 1040A through line 42a, or Form 1040NR through line 63 (also, complete line 67).
• Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

Enter this amount on
Form 1040, line 52;
Form 1040A, line 35;
or Form 1040NR, line 49.

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52020

CORRECTED (if checked)

AYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Rents	OMB No. 1545-0115	Miscellaneous Income
FLORIDA STATE COLLEGE 501 W. STATE STREET JACKSONVILLE FL 32202		\$	2015 Form 1099-MISC	
AYER'S federal identification number		2 Royalties		
904-632-3340 EXT: AYER'S federal identification number		\$	4 Federal income tax withheld	To be filed with recipient's state income tax return, when required.
RECIPIENT'S identification number		3 Other income	\$	
AYER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		5 Fishing boat proceeds	6 Medical and health care payments	
JOHN T LAMB 1521 DUNNS LAKE DR EAST JACKSONVILLE FL 32218		\$	\$	
account number (see instructions)		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
FATCA filing requirement ▶		\$ 3703.00	\$	
12		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶	10 Crop insurance proceeds	
15b Section 409A income		\$	\$	
16 State tax withheld		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
\$		\$	\$	
17 State/Payer's state no.		18 State income		
\$		\$		

Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

AYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		1 Rents	OMB No. 1545-0115	Miscellaneous Income
FLORIDA STATE COLLEGE 501 W. STATE STREET JACKSONVILLE FL 32202		\$	2015 Form 1099-MISC	
AYER'S federal identification number		2 Royalties		
904-632-3340 EXT: AYER'S federal identification number		\$	4 Federal income tax withheld	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S identification number		3 Other income	\$	
AYER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code		5 Fishing boat proceeds	6 Medical and health care payments	
JOHN T LAMB 1521 DUNNS LAKE DR EAST JACKSONVILLE FL 32218		\$	\$	
account number (see instructions)		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
FATCA filing requirement ▶		\$ 3703.00	\$	
12		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ▶	10 Crop insurance proceeds	
15b Section 409A income		\$	\$	
16 State tax withheld		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
\$		\$	\$	
17 State/Payer's state no.		18 State income		
\$		\$		

Form 1099-MISC www.irs.gov/form1099misc (keep for your records) Department of the Treasury - Internal Revenue Service

Control number 1710424086		Employer identification number 59-6000344		COPY B To Be Filed With Employee's FEDERAL Tax Return			
Employer's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202		Employee's SSN [REDACTED]		1 Wages, tips, other compensation 6108.58		2 Federal income tax withheld 6108.58	
		7 Social security tips		3 Social security wages		4 Social security tax withheld	
		8 Allocated tips		5 Medicare wages and tips 56028.31		6 Medicare tax withheld 812.41	
Employee's first name and init Nanette C Last Name Lamb Suffix [REDACTED] E Employee's address and ZIP code		9 [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
		12a C 1.25		13 Statutory Employee <input type="checkbox"/>		14 Other Pens 3651.31	
		12b DD 7112.16		Retirement Plan <input checked="" type="checkbox"/>			
		12c		Third-party sick pay <input type="checkbox"/>			
12d							
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

This information is being furnished to the Internal Revenue Service

Control number 1710424086		Employer identification number 59-6000344		COPY C For Employee's Records (See Notice to Employee on back of Copy B)			
Employer's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202		Employee's SSN [REDACTED]		1 Wages, tips, other compensation 52377.00		2 Federal income tax withheld 6108.58	
		7 Social security tips		3 Social security wages		4 Social security tax withheld	
		8 Allocated tips		5 Medicare wages and tips 56028.31		6 Medicare tax withheld 812.41	
Employee's first name and init Nanette C Last Name Lamb Suffix [REDACTED] E Employee's address and ZIP code		9 [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
		12a C 1.25		13 Statutory Employee <input type="checkbox"/>		14 Other Pens 3651.31	
		12b DD 7112.16		Retirement Plan <input checked="" type="checkbox"/>			
		12c		Third-party sick pay <input type="checkbox"/>			
12d							
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

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

Control number 1710424086		Employer identification number 59-6000344		Copy 1 To Be Filed With Employee's State, City, or Local Income Tax Return			
Employer's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202		Employee's SSN [REDACTED]		1 Wages, tips, other compensation 52377.00		2 Federal income tax withheld 6108.58	
		7 Social security tips		3 Social security wages		4 Social security tax withheld	
		8 Allocated tips		5 Medicare wages and tips 56028.31		6 Medicare tax withheld 812.41	
Employee's first name and init Nanette C Last Name Lamb Suffix [REDACTED] E Employee's address and ZIP code		9 [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
		12a C 1.25		13 Statutory Employee <input type="checkbox"/>		14 Other Pens 3651.31	
		12b DD 7112.16		Retirement Plan <input checked="" type="checkbox"/>			
		12c		Third-party sick pay <input type="checkbox"/>			
12d							
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

This information is being furnished to the Internal Revenue Service

Control number 1710424086		Employer identification number 59-6000344		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			
Employer's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202		Employee's SSN [REDACTED]		1 Wages, tips, other compensation 52377.00		2 Federal income tax withheld 6108.58	
		7 Social security tips		3 Social security wages		4 Social security tax withheld	
		8 Allocated tips		5 Medicare wages and tips 56028.31		6 Medicare tax withheld 812.41	
Employee's first name and init Nanette C Last Name Lamb Suffix [REDACTED] E Employee's address and ZIP code		9 [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
		12a C 1.25		13 Statutory Employee <input type="checkbox"/>		14 Other Pens 3651.31	
		12b DD 7112.16		Retirement Plan <input checked="" type="checkbox"/>			
		12c		Third-party sick pay <input type="checkbox"/>			
12d							
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

This information is being furnished to the Internal Revenue Service

Control number 1710413791		Employer identification number 59-6000344		COPY B To Be Filed With Employee's FEDERAL Tax Return			
Employer's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202		Employee's SSN [REDACTED]		1 Wages, tips, other compensation 103135.11		2 Federal income tax withheld 17802.34	
		7 Social security tips		3 Social security wages		4 Social security tax withheld	
		8 Allocated tips		5 Medicare wages and tips 109432.95		6 Medicare tax withheld 1586.78	
		9 [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
Employee's first name and init John T Last Name Lamb Suffix [REDACTED] Palm Coast FL 32137		12a C 177.30		13 Statutory Employee <input type="checkbox"/>		14 Other Pens 4997.84	
		12b DD 13635.84		Retirement Plan <input checked="" type="checkbox"/>			
		12c G 1300.00		Third-party sick pay <input type="checkbox"/>			
		12d					
Employee's address and ZIP code							
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

This information is being furnished to the Internal Revenue Service

Control number 1710413791		Employer identification number 59-6000344		COPY C For Employee's Records (See Notice to Employee on back of Copy B)			
Employer's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202		Employee's SSN [REDACTED]		1 Wages, tips, other compensation 103135.11		2 Federal income tax withheld 17802.34	
		7 Social security tips		3 Social security wages		4 Social security tax withheld	
		8 Allocated tips		5 Medicare wages and tips 109432.95		6 Medicare tax withheld 1586.78	
		9 [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
Employee's first name and init John T Last Name Lamb Suffix [REDACTED] Palm Coast FL 32137		12a C 177.30		13 Statutory Employee <input type="checkbox"/>		14 Other Pens 4997.84	
		12b DD 13635.84		Retirement Plan <input checked="" type="checkbox"/>			
		12c G 1300.00		Third-party sick pay <input type="checkbox"/>			
		12d					
Employee's address and ZIP code							
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

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

Control number 1710413791		Employer identification number 59-6000344		Copy 1 To Be Filed With Employee's State, City, or Local Income Tax Return			
Employer's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202		Employee's SSN [REDACTED]		1 Wages, tips, other compensation 103135.11		2 Federal income tax withheld 17802.34	
		7 Social security tips		3 Social security wages		4 Social security tax withheld	
		8 Allocated tips		5 Medicare wages and tips 109432.95		6 Medicare tax withheld 1586.78	
		9 [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
Employee's first name and init John T Last Name Lamb Suffix [REDACTED] Palm Coast FL 32137		12a C 177.30		13 Statutory Employee <input type="checkbox"/>		14 Other Pens 4997.84	
		12b DD 13635.84		Retirement Plan <input checked="" type="checkbox"/>			
		12c G 1300.00		Third-party sick pay <input type="checkbox"/>			
		12d					
Employee's address and ZIP code							
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

This information is being furnished to the Internal Revenue Service

Control number 1710413791		Employer identification number 59-6000344		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			
Employer's name, address and zip code City of Jacksonville 117 West Duval Street Suite 375 Jacksonville FL 32202		Employee's SSN [REDACTED]		1 Wages, tips, other compensation 103135.11		2 Federal income tax withheld 17802.34	
		7 Social security tips		3 Social security wages		4 Social security tax withheld	
		8 Allocated tips		5 Medicare wages and tips 109432.95		6 Medicare tax withheld 1586.78	
		9 [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
Employee's first name and init John T Last Name Lamb Suffix [REDACTED] Palm Coast FL 32137		12a C 177.30		13 Statutory Employee <input type="checkbox"/>		14 Other Pens 4997.84	
		12b DD 13635.84		Retirement Plan <input checked="" type="checkbox"/>			
		12c G 1300.00		Third-party sick pay <input type="checkbox"/>			
		12d					
Employee's address and ZIP code							
15 State	Employer's State ID number	16 State wages, tips etc.	17 State income tax	18 Local wages, tips etc.	19 Local income tax	20 Locality name	

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