FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2015

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

FOR OFFICE USE ONLY:

FILED

16 JUN 16 AM 9:33

DIVISION OF ELECTIONS
SECRETARY OF STATE

PROCESSED

254084

LAST NAME — FIRST NAME — MIDDLE NAME:
DAVIS, JR. CHARLES AARON

MAILING ADDRESS:
427 RUBY LAKE PLACE

CITY: WINTER HAVEN ZIP: 33884 COUNTY: POLK

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
STATE REPRESENTATIVE DISTRICT 41

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 May 31, 20 16 was $ 535,000.

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 $ 30,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home: 427 Ruby Lake Place, Winter Haven, F. 33884	195,4133
Rental House: 785 14th Street SW, Winter Haven, Fl. 33880	94,820
IRA	389,331
Annuity	99,061

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home Mortgage: Cenlar, P.O. Box 77404, Ewing, N.J. 08628	229,000
Rental House: Chase P.O. Box 24696, Columbus, Ohio 43224	*20,500*
Rental House, Second Mortgage: Chase, P.O. Box 24714, Columbus, Ohio 43224	74,500
2013 Buick Enclave auto loan: Mid-Florida Credit P.O. Box 8008, Lakeland, FL. 33802	29,500

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☑ I elect to file a copy of my 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	NOT APPLY		
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

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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Polk

Sworn to (or affirmed) and subscribed before me this 10 day of June, 2016 by

(Signature of Notary Public--State of Florida)

Deborah E Iacobelli
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ *OR* Produced Identification ____

Type of Identification Produced ____

DEBORAH ELLEN IACOBELLI
MY COMMISSION # FF 186923
EXPIRES: January 1, 2019
Bonded Thru Notary Public Underwriters

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 6 2015

FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS (Continued)

Part B—Assets

2013 Buick Enclave	26,952
2012 Ford Fusion	12,563
2005 Mazda 3	5,100
½ Interest in the Charles Davis/Carol Caldwell Trust	126,500

Part C—Liabilities

Education Loan: Nelnet, P.O. Box 82561, Lincoln, NE	3,500
Education Loan: Nelnet, P.O. Box 82561, Lincoln, NE	4,500
Education Loan: AES, Harrisburg, PA 17130-0001	32,500

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

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

TAXPAYER'S COPY

Your first name and initial / Last name: CHARLES A. DAVIS JR.	Your social security number: [redacted]
If a joint return, spouse's first name and initial / Last name: YVONNE M. DAVIS	Spouse's social security number: [redacted]
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 427 RUBY LAKE PLACE	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions): WINTER HAVEN, FL 33884-3273	**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name / Foreign province/state/county / Foreign postal code	

Filing Status Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above & 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 . . . . . Boxes checked on 6a and 6b . . 2
b ☒ **Spouse** . . . . . No. of children on 6c who:
c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here . . . ► ☐

- lived with you . . . . .
- did not live with you due to divorce or separation (see instructions) .
- Dependents on 6c not entered above .
- Add numbers on lines above . . . . ► 2

d Total number of exemptions claimed 2

Income

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

If you did not get a W-2, see instructions.

ROLLOVER

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	48,882.
8a	**Taxable** interest. Attach Schedule B if required	8a	52.
b	**Tax-exempt** interest. **Do not** include on line 8a (8b)		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (9b)		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions (15a)	b Taxable amount	15b 115,000.
16a	Pensions and annuities (16a) 765,185.	b Taxable amount	16b 104,136.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	4,703.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits (20a) 48,607.	b Taxable amount	20b 41,316.
21	Other income. List type and amount SEE STATEMENT 4	21	2,183.
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ►	22	316,272.

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)	154.	
28	Self-employed SEP, SIMPLE, and qualified plans (28)		
29	Self-employed health insurance deduction (29)		
30	Penalty on early withdrawal of savings (30)		
31a	Alimony paid b Recipient's SSN. . . . ► (31a)		
32	IRA deduction (32)		
33	Student loan interest deduction (33)		
34	Tuition and fees. Attach Form 8917 (34)		
35	Domestic production activities deduction. Attach Form 8903 (35)		
36	Add lines 23 through 35	36	154.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ►	37	316,118.

	a Employee's social security number [redacted]	Payroll organization code 22-12-00-00-110	Intradepartment number 0000000010
b Employer identification number 59-6001874		1 Wages, tips, other compensation 25,330.00	2 Federal income tax withheld 3,905.42
c Employer's name, address, and ZIP code State of Florida Jeff Atwater, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 25,330.00	4 Social security tax withheld 1,570.46
		5 Medicare wages and tips 25,330.00	6 Medicare tax withheld 367.29
		7 Social security tips	10 Dependent care benefits
d Control number 014043 01/07		11 Nonqualified plans	12a See instructions for box 12 DD 2,888.12
e Employee's first name, mi, and last name CHARLES A DAVIS JR 427 RUBY LAKE PL WINTER HAVEN, FL 33884-3273		13 Statutory employee ☐ Retirement plan ☐ Third-Party sick pay ☐ 14 Other 125 360.00	12b 12c 12d 12e
f 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

FORM **W-2** **WAGE AND TAX STATEMENT** **2015**

OMB No 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA527W Rev. 01/28/2015

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.

2015 Form 1099-R — Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

OMB No. 1545-0119

Copy C: For Recipient's Records
This information is being furnished to the Internal Revenue Service.

Date: 01/31/2016 Document ID: 317X 646 C217
Account number: [redacted]

RECIPIENT'S identification number: [redacted]
Recipient: Charles A Davis Jr
427 Ruby Lake Pl
Winter Haven, FL 33884-3273

PAYER's federal identification number: 59-6798909
Phone number: (800) 647-7378
Payer: Raymond James & Associates Inc
880 Carillon Parkway
Saint Petersburg, FL 33716

1	Gross distribution	$115,000.00	8 Other amount
2a	Taxable amount	$115,000.00	Other amount percentage %
2b	Taxable amount not determined	(X)	9a Your percentage of total distribution %
	Total distribution	( )	9b Total employee contributions
3	Capital gain (included on line 2a)		10 Amount allocable to IRR within 5 years
4	Federal income tax withheld	$28,750.00	11 1st year of desig. Roth contrib.
5	Employee contributions/Designated Roth contributions or insurance premiums		12 State tax withheld
			13 State
			Payer's state number
6	Net unrealized appreciation - employer's securities		14 State distribution
			15 Local tax withheld
7	Distribution code(s)	7	16 Name of locality
	IRA/SEP/SIMPLE	(X)	17 Local distribution

[redacted]

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code	1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000	$ 104,271.26	2015	
	2a Taxable amount $ 104,136.36	Form 1099-R	
	2b Taxable amount not determined ☐ Total distribution ☐		Copy C For Recipient's Records
PAYER'S federal identification number: 59-1354377	RECIPIENT'S identification number: [redacted]	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 16,982.15
RECIPIENT'S name CHARLES A DAVIS JR 427 RUBY LAKE PL WINTER HAVEN, FL 33884-3273		5 Employee contributions $ 134.90	6 Net unrealized appreciation in employer's securities $
		7 Distribution code(s): 7 — IRA/SEP/SIMPLE ☐	8 Other $ %
		9a Your percentage of total distribution %	9b Total employee contributions $ 4,858.06
10 Amount allocable to IRR within 5 years $	11 1st year of desig. Roth contrib.	12 State tax withheld $	13 State/Payer's state no.
Account number (see instructions): [redacted]		15 Local tax withheld $	16 Name of locality

This information is being furnished to the Internal Revenue Service.

14 State distribution	17 Local distribution
$	$
$	$

Form **1099-R** (keep for your records) www.irs.gov/form1099r Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 2015

c Employer's name, address and ZIP code	7 Social security tips	1 Wages, tips, other comp	2 Federal income tax withheld
6752-00150-A AMERICAN UNITED EMPLOYERS II, INC 777 E ALTAMONTE DR STE 101 ALTAMONTE SPRINGS FL 32701	0.00	21151.51	1484.19
	8 Allocated tips: 0.00	3 Social security wages: 22302.13	4 Social security tax withheld: 1382.73
	9: 0.00	5 Medicare wages and tips: 22302.13	6 Medicare tax withheld: 323.35
	10 Dependent care benefits: 0.00	11 Nonqualified plans: 0.00	12a Code See inst for box 12: E 1150.62
e Employee's name, address and ZIP code YVONNE M DAVIS 427 RUBY LAKE PL WINTER HAVEN FL 33884-3273	13 Statutory Employee ☐ Retirement Plan X Third-Party Sick Pay ☐	14 Other	12b - 12d Codes DD 5960.00
	b Employer ID number: 59-3699537		
	a Employee's social security number: [redacted]		

15 State / Employer's state ID no	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy C for EMPLOYEES RECORDS. (See Notice to Employee).

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.

Form W-2 Wage and Tax Statement 2015

c Employer's name, address, and ZIP code	7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
TREVECCA NAZARENE UNIVERSITY 333 MURFREESBORO ROAD NASHVILLE, TN 37210		2400.00	163.36
	8 Allocated tips	3 Social security wages: 2400.00	4 Social security tax withheld: 148.80
	9	5 Medicare wages and tips: 2400.00	6 Medicare tax withheld: 34.80
	10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
e Employee's name, address, and ZIP code CHARLES A DAVIS, JR 427 RUBY LAKE PLACE WINTER HAVEN, FL 33884	13 Statutory Employee / Retirement Plan / Third-party sick pay	14 Other	12b 12c 12d
	b Employer identification number (EIN): 62-0497990		
	a Employee's social security number: [redacted]		

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

Copy C-For EMPLOYEE'S RECORDS (See *Notice to Employee* on the back of Copy B.) OMB No. 1545-0008 Dept. of the Treasury - IRS

	38	Amount from line 37 (adjusted gross income)	38	316,118.
Tax and Credits	39a	Check if: [X] You were born before January 2, 1951, [ ] Blind. [ ] Spouse was born before January 2, 1951, [ ] Blind. Total boxes checked ► 39a 1		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b [ ]		
Standard Deduction for — • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,250	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	53,483.
	41	Subtract line 40 from line 38	41	262,635.
	42	Exemptions. If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instrs	42	7,520.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	255,115.
	44	Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]	44	59,717.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46 ►	47	59,717.
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ]	54	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ►	56	59,717.
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	308.
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage [X]	61	
	62	Taxes from: a [ ] Form 8959 b [X] Form 8960 c [ ] Instrs; enter code(s)	62	181.
	63	Add lines 56 through 62. This is your total tax ►	63	60,206.
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64	53,953.
	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	
	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 [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ►	74	53,953.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ► [ ]	76a	
Direct deposit? See instructions.	b	► Routing number ► c Type: [ ] Checking [ ] Savings		
	d	► Account number		
	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	6,253.
	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)? [X] Yes. Complete below. [ ] No

Designee's name ► THOMAS E. JENNINGS, CPA Phone no. ► 863-294-3568 Personal identification number (PIN) ► [redacted]

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

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

TAXPAYER'S COPY

Your signature	Date	Your occupation	Daytime phone number
		RETIRED JUDGE	863-318-8269
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		NURSE	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
THOMAS E. JENNINGS, CPA	THOMAS E. JENNINGS, CPA	04-05-16		P00296526

Firm's name ► THOMAS E. JENNINGS & COMPANY, CPA, P.A. Firm's EIN ► 59-2136691

Firm's address ► TWO EAST LAKE HOWARD DRIVE WINTER HAVEN, FL 33881-3153 Phone no. 863-294-3568

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074

2015

Attachment Sequence No. **07**

Name(s) shown on Form 1040

CHARLES A. JR. AND YVONNE M. DAVIS

Your social security number [redacted]

Medical and Dental Expenses	1	**Caution:** Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) STATEMENT 5	1	1,896.		
	2	Enter amount from Form 1040, line 38	2	316,118.		
	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	23,709.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You Paid	5	State and local **(check only one box):** a [ ] Income taxes, **or** b [X] General sales taxes	5	2,688.		
	6	Real estate taxes (see instructions) SEE STATEMENT 6	6	2,041.		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ►	8			
	9	Add lines 5 through 8			9	4,729.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098 SEE ST 7	10	9,930.		
	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 ►	11			
Note. Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instrs for spcl rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14			
	15	Add lines 10 through 14			15	9,930.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instrs SEE STATEMENT 8	16	39,011.		
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	39,011.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0.
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 instructions.) ► THE FLORIDA BAR-DUES 265.	21	265.		
	22	Tax preparation fees	22			
	23	Other expenses – investment, safe deposit box, etc. List type and amount ►	23			
	24	Add lines 21 through 23	24	265.		
	25	*Enter amount from Form 1040, line 38*	25	316,118.		
	26	Multiply line 25 by 2% (.02)	26	6,322.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0.
Other Miscellaneous Deductions	28	Other – from list in instructions. List type and amount ►			28	0.
Total Itemized Deductions	29	Is Form 1040, line 38, over $154,950? [ ] **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. [X] **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		REDUCTION -187.	29	53,483.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ► [ ]				

SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

► Information about Schedule B and its instructions is at *www.irs.gov/scheduleb*.

OMB No. 1545-0074

2015

Attachment Sequence No. 08

Name(s) shown on return

CHARLES A. JR. AND YVONNE M. DAVIS

Your social security number [redacted]

Part I Interest

(See instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also show that buyer's social security number and address ►		
MINNESOTA LIFE INSURANCE CO,	1	47.
WELLS FARGO BANK NA		5.
2 Add the amounts on line 1	2	52.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►	4	52.

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5 List name of payer ►	5	
6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ►	6	0.

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	Yes	No
7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►		
8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions on back		X

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at *www.irs.gov/schedulese.*
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment Sequence No. 17

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

CHARLES A. DAVIS JR.

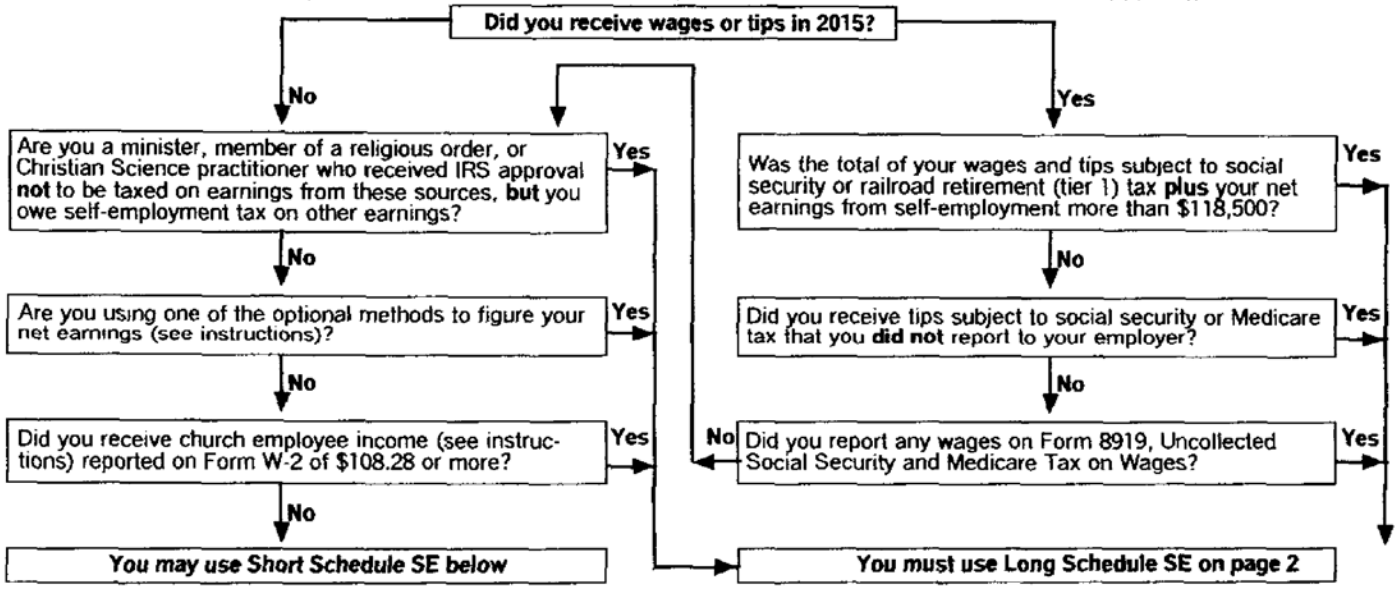
Social security number of person with **self-employment** income ►

[redacted]

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A — Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2	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 J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	2,183.
3	Combine lines 1a, 1b, and 2	3	2,183.
4	Multiply line 3 by 92.35% (.9235). If less than $400, you do not owe self-employment tax; **do not** file this schedule unless you have an amount on line 1b ►	4	2,016.
	Note. If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	**Self-employment tax.** If the amount on line 4 is: • $118,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 57,** or **Form 1040NR, line 55** • More than $118,500, multiply line 4 by 2.9% (.029). Then, add $14,694 to the result. Enter the total here and on **Form 1040, line 57,** or **Form 1040NR, line 55**	5	308.
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.50). Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27**	6	154.

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax – Individuals, Estates, and Trusts

▶ Attach to your tax return.

▶ Information about Form 8960 and its separate instructions is at *www.irs.gov/form8960.*

OMB No. 1545-2227

2015

Attachment Sequence No. **72**

Name(s) shown on your tax return

CHARLES A. JR. AND YVONNE M. DAVIS

Your social security number or EIN

[redacted]

Part I Investment Income

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

1	Taxable interest (see instructions)			1	52.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	4,703.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	4,703.
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	4,755.

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-			12	4,755.
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	316,118.		
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	66,118.		
16	Enter the smaller of line 12 or line 15			16	4,755.
17	*Net investment income tax for individuals. Multiply line 16 by 3.8% (.038).* **Enter here and include on your tax return** (see instructions)			17	181.
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	*Deductions for distributions of net investment income and* deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c			
19a	*Adjusted gross income (see instructions)*	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). **Enter here and include on your tax return** (see instructions)			21	

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.
► *Information about Form 8582 and its instructions is available at www.irs.gov/form8582.*

OMB No. 1545-1008

2015

Attachment Sequence No. **88**

Name(s) shown on return

CHARLES A. JR. AND YVONNE M. DAVIS

Identifying number [redacted]

Part I 2015 Passive Activity Loss

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

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	4,703.	
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
d	Combine lines 1a, 1b, and 1c			1d 4,703.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c	Add lines 2a and 2b			2c

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
d	Combine lines 3a, 3b, and 3c			3d

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used . . . . . 4 4,703.

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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

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

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

5	Enter the **smaller** of the loss on line 1d or the loss on line 4			5
6	Enter $150,000. If married filing separately, see instructions	6		
7	Enter modified adjusted gross income, but not less than zero (see instrs)	7	270,253.	
	Note: *If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.*			
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 50% (.5). **Do not** enter more than $25,000. If married filing separately, see instructions			9
10	Enter the **smaller** of line 5 or line 9			10 0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

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

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

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

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	**Total losses allowed from all passive activities for 2015.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

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

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

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior years (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
RESIDENTIAL RENTAL	4,703.			4,703.	
Total. Enter on Form 8582, lines 1a, 1b, and 1c ►	4,703.				

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

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

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

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

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ►			1.00	

Worksheet 6 — Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ►				0.

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

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

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

ALTERNATIVE MINIMUM TAX
Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.
► Information about Form 8582 and its instructions is available at *www.irs.gov/form8582.*

OMB No. 1545-1008

2015

Attachment Sequence No. **88**

Name(s) shown on return

CHARLES A. JR. AND YVONNE M. DAVIS

Identifying number [redacted]

Part I 2015 Passive Activity Loss

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

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a	3,940.	
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
d	Combine lines 1a, 1b, and 1c			1d 3,940.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c	Add lines 2a and 2b			2c

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
d	Combine lines 3a, 3b, and 3c			3d

4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	3,940.

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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

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

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

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

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

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

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

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

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	**Total losses allowed from all passive activities for 2015.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

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

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

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior years (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
RESIDENTIAL RENTAL	3,940.			3,940.	
Total. Enter on Form 8582, lines 1a, 1b, and 1c ►	3,940.				

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

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

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

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

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ►			1.00	

Worksheet 6 — Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ►				0.

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

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return

CHARLES A. JR. AND YVONNE M. DAVIS

Identifying number [redacted]

Business or activity to which this form relates

SCHEDULE E (RENTAL) - RESIDENTIAL RENTAL

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	288.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	467.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property		287.	7	HY	200DB	41.
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs	S/L	
c	40-year			40 yrs	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	796.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year				43	49.
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	49.

STATEMENT 1
FORM 1040
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
STATE OF FLORIDA	25,330.	3,905.	1,570.	367.		
TREVECCA NAZARENE UNIVERSITY	2,400.	163.	149.	35.		
TOTAL	27,730.	4,068.	1,719.	402.	0.	0.

SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	LOCAL W/H
AMERICAN UNITED EMPLOYERS II, INC	21,152.	1,484.	1,383.	323.		
TOTAL	21,152.	1,484.	1,383.	323.		0.
GRAND TOTAL	48,882.	5,552.	3,102.	725.	0.	0.

STATEMENT 2
FORM 1040
PENSION AND ANNUITIES SCHEDULE

TAXPAYER - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
FLORIDA RETIREMENT SYSTEM DVISION O	104,271.	104,136.	16,982.	
FLORIDA RETIREMENT SYSTEM DVISION O - ROLLOVER	660,914.			
GRAND TOTAL	765,185.	104,136.	16,982.	0.

STATEMENT 3
FORM 1040
IRA DISTRIBUTION SCHEDULE

TAXPAYER - PAYER	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
RAYMOND JAMES & ASSOCIATES INC	115,000.	115,000.	28,750.	
GRAND TOTAL	115,000.	115,000.	28,750.	0.

STATEMENT 4
FORM 1040, LINE 21
OTHER INCOME

FEE-TREVECCA NAZARENE UNIVERSITY	$	3,000.
LESS EXPENSES		-817.
TOTAL	$	2,183.

STATEMENT 5
SCHEDULE A, LINE 1
MEDICAL AND DENTAL EXPENSES

MEDICARE PREMIUMS PAID (SSA-1099)		$ 1,896.
	TOTAL	$ 1,896.

STATEMENT 6
SCHEDULE A, LINE 6
REAL ESTATE TAXES

427 RUBY LAKE PLACE		$ 2,041.
	TOTAL	$ 2,041.

STATEMENT 7
SCHEDULE A, LINE 10
HOME MORTGAGE INTEREST REPORTED ON FORM 1098

CENTRAL LOAN ADMIN. & REPORTING		$ 9,930.
	TOTAL	$ 9,930.

STATEMENT 8
SCHEDULE A, LINE 16
CONTRIBUTIONS BY CASH OR CHECK

FIRST CHURCH OF NAZARENE OF WINTER HAVEN		$ 35,184.
HERITAGE CHRISTIAN ACADEMY		952.
JESUS FILM HARVEST PARTNERS		475.
OLIVET NAZARENE UNIVERSITY		25.
TREVECCA NAZARENE UNIVERSITY		1,425.
TREVECCA WOMEN'S SOCCER		25.
VANGUARD SCHOOL		100.
YOUTH FOR CHRIST OF POLK COUNTY, INC		325.
YOUTH FOR CHRIST USA		500.
	TOTAL	$ 39,011.

STATEMENT 9
SCHEDULE E, LINE 19 - 785 14TH STREET
OTHER RENTAL AND ROYALTY EXPENSES

AMORTIZATION		$ 49.
PLUMBING AND ELECTRICAL		296.
	TOTAL	$ 345.

SOCIAL SECURITY BENEFITS WORKSHEET (FORM 1040, LINE 20B)

1.	SOCIAL SECURITY BENEFITS (SSA-1099, BOX 5)	48,607.
2.	ENTER ONE-HALF OF LINE 1	24,304.
3.	ADD AMOUNTS FROM FORM 1040, LINES 7, 8A, 9A, 10 THROUGH 14, 15B, 16B, 17 THROUGH 19, AND 21 (ADD BACK EXCLUDABLE INTEREST FROM FORM 8815)	274,956.
4.	ENTER THE AMOUNT FROM FORM 1040, LINE 8B	0.
5.	ADD LINES 2, 3 AND 4	299,260.
6.	ADD AMOUNTS FROM FORM 1040, LINES 23 THROUGH 32, AND ANY AMOUNT ENTERED ON THE DOTTED LINE NEXT TO LINE 36	154.
7.	SUBTRACT LINE 6 FROM LINE 5 (NOT LESS THAN 0)	299,106.
8.	THRESHOLD FOR YOUR FILING STATUS	32,000.
9.	SUBTRACT LINE 8 FROM LINE 7 (NOT LESS THAN 0)	267,106.
10.	ADDITIONAL THRESHOLD FOR YOUR FILING STATUS	12,000.
11.	SUBTRACT LINE 10 FROM LINE 9 (NOT LESS THAN 0)	255,106.
12.	ENTER THE SMALLER OF LINE 9 OR LINE 10	12,000.
13.	ENTER ONE-HALF OF LINE 12	6,000.
14.	ENTER THE SMALLER OF LINE 2 OR LINE 13	6,000.
15.	MULTIPLY LINE 11 BY 85% (.85)	216,840.
16.	ADD LINES 14 AND 15	222,840.
17.	MULTIPLY LINE 1 BY 85% (.85)	41,316.
18.	TAXABLE SOCIAL SECURITY BENEFITS (THE SMALLER OF LINE 16 OR LINE 17)	41,316.

STUDENT LOAN INTEREST DEDUCTION WORKSHEET (FORM 1040, LINE 33)

1.	TOTAL QUALIFIED STUDENT LOAN INTEREST PAID	1,785.
2.	ENTER THE SMALLER OF LINE 1 OR $2,500	1,785.
3.	ENTER THE AMOUNT FROM FORM 1040, LINE 22	316,272.
4.	ADD AMOUNTS FROM FORM 1040, LINES 23 THROUGH 32, AND ANY AMOUNT ENTERED ON THE DOTTED LINE NEXT TO LINE 36	154.
5.	MODIFIED AGI (SUBTRACT LINE 4 FROM LINE 3)	316,118.
6.	ENTER $65,000 ($130,000 IF MFJ)	130,000.
7.	SUBTRACT LINE 6 FROM LINE 5 (NOT LESS THAN 0)	186,118.
8.	DIVIDE LINE 7 BY $15,000 ($30,000 IF MFJ) BUT NOT MORE THAN 1	1.000
9.	MULTIPLY LINE 2 BY LINE 8	1,785.
10.	STUDENT LOAN INTEREST DEDUCTION (SUBTRACT LINE 9 FROM LINE 2)	0.

DEDUCTION FOR EXEMPTIONS WORKSHEET (FORM 1040, LINE 42)

1. $4,000 PER EXEMPTION ON FORM 1040, LINE 6D		8,000.
2. ENTER AMOUNT FROM FORM 1040, LINE 38	316,118.	
3. THRESHOLD FOR YOUR FILING STATUS	309,900.	
4. SUBTRACT LINE 3 FROM LINE 2	6,218.	
5. IS LINE 4 MORE THAN $122,500 ($61,250 IF MFS)?		
YES. ENTER -0- ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET.		
NO. DIVIDE LINE 4 BY $2,500 ($1,250 IF MFS)	3.	
6. MULTIPLY LINE 5 BY 2% (.02)	0.06	
7. MULTIPLY LINE 1 BY LINE 6		480.
8. DEDUCTION FOR EXEMPTIONS (SUBTRACT LINE 7 FROM LINE 1)		7,520.

TAX COMPUTATION WORKSHEET (FORM 1040, LINE 44)

TAXABLE INCOME	(A)	(B)	(C)	(D)	TAX
IF LINE 43 IS -	ENTER THE AMOUNT FROM LINE 43	MULTI-PLICATION AMOUNT	MULTIPLY (A) BY (B)	SUBTRACTION AMOUNT	SUBTRACT (D) FROM (C) (ROUNDED)
OVER $230,450 BUT NOT OVER $411,500	255,115.	33.0%	84,187.95	24,471.00	59,717.

FEDERAL INCOME TAX WITHHELD

STATE OF FLORIDA	3,905.
AMERICAN UNITED EMPLOYERS II, INC	1,484.
TREVECCA NAZARENE UNIVERSITY	163.
FLORIDA RETIREMENT SYSTEM DVISION O	16,982.
RAYMOND JAMES & ASSOCIATES INC	28,750.
MISCELLANEOUS WITHHOLDING (TAXPAYER)	2,669.
TOTAL	53,953.

STATE AND LOCAL TAXES (SCHEDULE A, LINE 5)

STATE AND LOCAL SALES TAXES USING THE OPTIONAL SALES TAX TABLES

AVAILABLE INCOME:	
ADJUSTED GROSS INCOME PER FORM 1040	316,118.
TAX-EXEMPT INTEREST	0.
NONTAXABLE COMBAT PAY	0.
NONTAXABLE SOCIAL SECURITY BENEFITS	7,291.
NONTAXABLE PENSIONS	135.
NONTAXABLE IRAS	0.
PRIOR YEAR REFUNDABLE CREDITS (REFUNDABLE PORTION ONLY)	0.
ADDITIONAL NONTAXABLE AMOUNTS	0.
TOTAL AVAILABLE INCOME (NOT LESS THAN ZERO)	323,544.
NUMBER OF EXEMPTIONS	2.
1. STATE GENERAL SALES TAXES PER TABLES	2,304.
2. LOCAL GENERAL SALES TAXES PER TABLES FOR CERTAIN RESIDENTS OF AK, AZ, AR, CO, GA, IL, LA, MO, MS, NC, NY, SC, TN, UT, AND VA (BASED ON A RATE OF 1%)	0.
3. LOCAL GENERAL SALES TAX RATE	1.0000
4. IF LINE 2 IS ZERO, ENTER YOUR STATE GENERAL SALES TAX RATE. OTHERWISE, SKIP LINE 4 AND 5, AND GO TO LINE 6	6.0000
5. DIVIDE LINE 3 BY LINE 4	0.166667
6. LOCAL GENERAL SALES TAXES. IF LINE 2 IS ZERO, MULTIPLY LINE 1 BY LINE 5. OTHERWISE, MULTIPLY LINE 2 BY LINE 3.	384.
7. STATE AND LOCAL GENERAL SALES TAXES (ADD LINES 1 AND 6)	2,688.
8. SALES TAXES PAID ON VEHICLES, BOATS, ETC.	0.
9. SALES TAX DEDUCTION WHEN USING TABLES (ADD LINES 7 AND 8)	2,688.

STATE AND LOCAL SALES TAX DEDUCTION
(GREATER OF TAXES PAID OR TABLE AMOUNT)

1. GENERAL SALES TAXES PAID	0.
2. USE TAXES PAID	0.
3. TOTAL ACTUAL TAXES PAID (ADD LINES 1 AND 2)	0.
4. SALES TAXES USING TABLES	2,688.
5. GREATER OF SALES TAXES PAID OR TABLE AMOUNT	2,688.

SCHEDULE A, LINE 13
DEDUCTIBLE MORTGAGE INSURANCE PREMIUMS

1. QUALIFIED MORTGAGE INSURANCE PREMIUMS PAID		1,246.
2. ENTER THE AMOUNT FROM FORM 1040, LINE 38	316,118.	
3. ENTER $100,000 ($50,000 IF MFS)	100,000.	
4. IS THE AMOUNT ON LINE 2 MORE THAN THE AMOUNT ON LINE 3?		
IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ON LINE 7 BELOW, AND ON SCHEDULE A, LINE 13		
IF YES, SUBTRACT LINE 3 FROM LINE 2. IF THE RESULT IS NOT A MULTIPLE OF $1,000 ($500 IF MFS), INCREASE IT TO THE NEXT MULTIPLE OF $1,000 ($500 IF MFS).	217,000.	
5. DIVIDE LINE 4 BY $10,000 ($5,000 IF MFS)		1.0

SCHEDULE A, LINE 13 (CONTINUED)
DEDUCTIBLE MORTGAGE INSURANCE PREMIUMS

6. MULTIPLY LINE 1 BY LINE 5	1,246.
7. QUALIFIED MORTGAGE INSURANCE PREMIUM DEDUCTION. SUBTRACT LINE 6 FROM LINE 1. ENTER THE RESULT ON SCHEDULE A, LINE 13.	0.

ITEMIZED DEDUCTIONS WORKSHEET (SCHEDULE A, LINE 29)

1. ADD AMOUNTS ON SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28		53,670.
2. ADD AMOUNTS ON SCHEDULE A, LINES 4, 14, & 20, PLUS ANY GAMBLING LOSSES AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28		0.
3. SUBTRACT LINE 2 FROM LINE 1		53,670.
4. MULTIPLY LINE 3 ABOVE BY 80% (.80)	42,936.	
5. ENTER AMOUNT FROM FORM 1040, LINE 38	316,118.	
6. THRESHOLD BASED ON FILING STATUS ($309,900 IF MFJ/QW, $284,050 IF HH, $258,250 IF S, $154,950 IF MFS)	309,900.	
7. SUBTRACT LINE 6 FROM LINE 5	6,218.	
8. MULTIPLY LINE 7 ABOVE BY 3% (.03)	187.	
9. ENTER THE SMALLER OF LINE 4 OR LINE 8		187.
10. TOTAL ITEMIZED DEDUCTIONS (SUBTRACT LINE 9 FROM LINE 1)		53,483.

NET NONFARM PROFIT OR (LOSS) (SCHEDULE SE, LINE 2)

	TAXPAYER
SCHEDULE C	0.
SCHEDULE E, PAGE 2 (FROM SCH. K-1)	0.
OTHER INCOME (FORM 1040, LINE 21)	2,183.
SECTION 1256 CONTRACTS	0.
MINISTER WAGES	0.
MINISTER HOUSING ALLOWANCE	0.
MINISTER PARSONAGE - UTILITIES	0.
EMPLOYEE BUSINESS EXPENSES (2106)	0.
NET NONFARM INCOME ADJUSTMENT	0.
TOTAL NET NONFARM PROFIT OR (LOSS)	2,183.

FORM 8960, LINE 4B
ADJUSTMENT FOR NON-SECTION 1411 BUSINESS

	INCOME (LOSS) LINE 4A	NON-SEC. 1411 ADJUSTMENT LINE 4B
SCHEDULE E, PAG		
RENTAL/ROYALTY #1: RESIDENTIAL RENTAL		
NET INCOME (LOSS)	$ 4,703.	
RENTAL/ROYALTY SUBTOTAL	$ 4,703.	$ 0.
TOTAL	$ 4,703.	$ 0.

FORM 8960, LINE 13
MODIFIED ADJUSTED GROSS INCOME WORKSHEET

1.	ENTER YOUR ADJUSTED GROSS INCOME	$ 316,118.
2A.	FOREIGN EARNED INCOME EXCLUSION (FORM 2555, LINE 42)	0.
2B.	DEDUCTIONS REPORTED ON FORM 2555, LINE 44 ALLOCABLE TO YOUR FOREIGN EARNED INCOME EXCLUSION	0.
3.	ADJUSTMENTS FOR CERTAIN CFCS AND CERTAIN PFICS	0.
3A.	ADJUSTMENT FROM FORM 1041, K-1, CODE H (IF POSITIVE AMOUNT)	0.
4.	SUM OF LINES 1, 2A, 2B, 3, AND 3A	$ 316,118.

AMT WORKSHEET - PASSIVE ACTIVITY ADJUSTMENT TO FORM 6251, LINE 19

NAME OF ACTIVITY	FORM OR SCH TO BE REPORTED ON	GAIN OR LOSS	AMT GAIN OR LOSS
RESIDENTIAL RENTAL	SCH E LN 22	4,703.	3,940.
		4,703.	3,940.
			-763.

CLIENT 39 CHARLES A. JR. AND YVONNE M. DAVIS [redacted]

4/05/16 10:29AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
SCHEDULE E - RESIDENTIAL RENTAL										
1	LAND			78,187						0
2	BUILDING	7/01/87		25,599			20,557	S/L MM	27.5	0
3	CARPORT	7/01/87		800			641	S/L MM	27.5	0
4	CENTRAL AIR & HEAT	7/01/87		5,000			4,018	S/L MM	27.5	0
5	ALUMINUM SIDING	1/01/91		1,022			687	S/L MM	27.5	37
6	STOVE (U)	7/15/00		249			123	200DB HY	7	0
7	REFRIGERATOR (U)	8/02/02		223			30	200DB HY	7	0
9	REMODEL 2ND FLOOR BATH	7/01/08		2,530			594	S/L MM	27.5	92
10	CARPETING	7/01/08		1,906			1,863	200DB HY	7	43
11	REMODEL 1ST FLOOR	7/01/08		2,201			517	S/L MM	27.5	80
12	ROOF	7/01/08		2,798			659	S/L MM	27.5	102
13	FIXING UP EXPENSES	7/01/08		1,371			323	S/L MM	27.5	50
14	STOVE (U)	11/30/13		320			99	200DB MQ	7	63
15	40 GAL. WATER HEATER	3/31/15		575		288		200DB HY	7	41
	TOTAL			122,781		288	30,111			508
AMORTIZATION										
8	AMORTIZATION LOAN COSTS	12/22/87		1,456			1,324	S/L	30	49
	TOTAL AMORTIZATION			1,456		0	1,324			49
	TOTAL DEPRECIATION			122,781		288	30,111			508
	GRAND TOTAL AMORTIZATION			1,456		0	1,324			49
	GRAND TOTAL DEPRECIATION			122,781		288	30,111			508