FORM 6 — FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS — 2016

FOR OFFICE USE ONLY:

FLORIDA
COMMISSION ON ETHICS

JUN 13 2017

RECEIVED

221807

Mr Larry H. Ray
Tax Collector
Collier County
Elected Constitutional Officer
725 Wildwood Ln
Naples FL 34105 -3215

PROCESSED

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, 2016 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 12 JUNE, 20 17 was $ 523,442.

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 $ $110,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
CONDO @ 725 WILDWOOD LN, NAPLES, FL 34101	$330,000
LAKE LOT @ SANTEETLAH, NC.	60,000
HOME @ 671 BLACK BEAR TRL, SANTEETLAH, NC	420,000
SUNTRUST BANK ACCTS.	94,154

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE, NAPLES CONDO, SUNTRUST MORTGAGE	$206,319
MORTGAGE, SANTEETLAH, NC. HOME, SUNTRUST MORTG	244,393

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 2016 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 2016 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2016 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

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 Collier

Sworn to (or affirmed) and subscribed before me this 12th day of June, 2017 by Larry H. Ray

(Signature of Notary Public--State of Florida)

Suvilla Lowe

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

SUVILLA LOWE
Commission # FF 166937
Expires February 8, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

Personally Known ✓ OR Produced Identification

Type of Identification Produced

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

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

Signature

Date

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

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

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2016** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
Larry H	Ray	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Pamela A	Ray	[redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
725 Wildwood Lane

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Naples FL 34105

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

▲ Make sure the SSN(s) above and on line 6c are correct.

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

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 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:** (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 ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2
No. of children on 6c who:
• **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

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.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	136,024.
8a	**Taxable** interest. Attach Schedule B if required		8a	105.
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	
16a	Pensions and annuities 16a	b Taxable amount	16b	60,073.
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 41,736.	b Taxable amount	20b	35,476.
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	231,678.

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 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	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	231,678.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	231,678.
	39a	Check if: ☒ You were born before January 2, 1952, ☐ Blind. ☒ Spouse was born before January 2, 1952, ☐ Blind. **Total boxes checked ▶ 39a** 2		
	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, $9,300	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	29,767.
	41	Subtract line 40 from line 38	41	201,911.
	42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	193,811.
	44	**Tax** (see instructions). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐	44	41,253.
	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	41,253.
	48	Foreign tax credit. Attach Form 1116 if required		
	49	Credit for child and dependent care expenses. Attach Form 2441		
	50	Education credits from Form 8863, line 19		
	51	Retirement savings contributions credit. Attach Form 8880		
	52	Child tax credit. Attach Schedule 8812, if required		
	53	Residential energy credits. Attach Form 5695		
	54	Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐		
	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	41,253.
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	
	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 ☒	61	0.
	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	41,253.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 — 64: 40,497.		
If you have a qualifying child, attach Schedule EIC.	65	2016 estimated tax payments and amount applied from 2015 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	40,497.
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 X X X X X X X X X ▶ **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	77	Amount of line 75 you want **applied to your 2017 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	756.
	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. ☒ **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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	Daytime phone number
		Tax Collector	(239)280-6650
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.)
		Retired	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ Self-Prepared			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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/scheduleA*.
▶ Attach to Form 1040.

OMB No. 1545-0074

2016

Attachment Sequence No. **07**

Name(s) shown on Form 1040

Larry H & Pamela A Ray

Your social security number [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38	2	231,678.	
	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	17,376.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
Taxes You Paid	5	State and local **(check only one box):**			
		a ☐ Income taxes, **or**	5	2,605.	
		b ☒ General sales taxes			
	6	Real estate taxes (see instructions)	6	5,589.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8			9 8,194.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	18,673.	
Note: Your mortgage interest deduction may be limited (see instructions).	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		
	12	Points not reported to you on Form 1098. See instructions for special rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15	Add lines 10 through 14			15 18,673.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	500.	
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	2,400.	
	18	Carryover from prior year	18		
	19	Add lines 16 through 18			19 2,900.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20
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.) ▶	21		
	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		
	25	Enter amount from Form 1040, line 38	25		
	26	Multiply line 25 by 2% (0.02)	26		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶			28
Total Itemized Deductions	29	Is Form 1040, line 38, over $155,650?			
		☐ **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.			29 29,767.
		☒ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐			

Form **8283**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

▶ **Attach to your tax return if you claimed a total deduction of over $500 for all contributed property.**

▶ **Information about Form 8283 and its separate instructions is at *www.irs.gov/form8283*.**

OMB No. 1545-0908

Attachment Sequence No. **155**

Name(s) shown on your income tax return

Larry H & Pamela A Ray

Identifying number [redacted]

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of $5,000 or Less and Publicly Traded Securities—List in this section **only** items (or groups of similar items) for which you claimed a deduction of $5,000 or less. Also list publicly traded securities even if the deduction is more than $5,000 (see instructions).

Part I **Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	Goodwill 1687 Pine Ridge Rd naples FL 34109	☐	furniture
B		☐	
C		☐	
D		☐	
E		☐	

Note. If the amount you claimed as a deduction for an item is $500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	03/21/2016	Various	Purchase	8,000.	2,400.	Thrift shop value
B						
C						
D						
E						

Part II **Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ _____
(2) For any prior tax years ▶ _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶ _____

e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

		Yes	No
3a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b	Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c	Is there a restriction limiting the donated property for a particular use?		

☐ CORRECTED (if checked) 12/ 10/ 2016

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Defense Finance and Accounting Service US Military Retirement Pay PO Box 7130 London, KY 40742-7130	$ 53989.00 2a Taxable amount $ 53989.00	2016	
PAYER'S Federal identification number: 34-0727612 / RECIPIENT'S identification number: [redacted]	2b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, address, and ZIP code LARRY H RAY 725 WILDWOOD LN NAPLES FL 34105	4 Federal Income tax withheld $ 4065.51 9 Your percentage of total distribution % 12 State income tax withheld $ 0.00 $ 0.00	7 Distribution code 7 13 State/Payer's state number	Copy 2 File this copy with your state, city, or local income tax return when required
	RETIRED [redacted]	[redacted]	

Form 1099-R (8-99) Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked) 12/ 10/ 2016

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Defense Finance and Accounting Service US Military Retirement Pay PO Box 7130 London, KY 40742-7130	$ 53989.00 2a Taxable amount $ 53989.00	2016	
PAYER'S Federal identification number: 34-0727612 / RECIPIENT'S identification number: [redacted]	2b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, address, and ZIP code LARRY H RAY 725 WILDWOOD LN NAPLES FL 34105	4 Federal Income tax withheld $ 4065.51 9 Your percentage of total distribution % 12 State income tax withheld $ 0.00 $ 0.00	7 Distribution code 7 13 State/Payer's state number	Copy B Report this income on your Federal tax return. This information is being furnished to the Internal Revenue Service.
	RETIRED [redacted]	[redacted]	

Form 1099-R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked) 12/ 10/ 2016

PAYER'S name, street address, city, state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distribution From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Defense Finance and Accounting Service US Military Retirement Pay PO Box 7130 London, KY 40742-7130	$ 53989.00 2a Taxable amount $ 53989.00	2016	
PAYER'S Federal identification number: 34-0727612 / RECIPIENT'S identification number: [redacted]	2b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, address, and ZIP code LARRY H RAY 725 WILDWOOD LN NAPLES FL 34105	4 Federal Income tax withheld $ 4065.51 9 Your percentage of total distribution % 12 State income tax withheld $ 0.00 $ 0.00	7 Distribution code 7 13 State/Payer's state number	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
	RETIRED [redacted]	[redacted]	

22222 Void ☐	a Employee's social security number [redacted]	OMB No. 1545-0008	
b Employer identification number (EIN) 59-6000562		1 Wages, tips, other compensation 136023.60	2 Federal income tax withheld 36431.04
c Employer's name, address, and ZIP code COLLIER COUNTY TAX COLLECTOR 3291 E. TAMIAMI TRAIL NAPLES, FL 34112-5758		3 Social security wages 118500.00	4 Social security tax withheld 7346.94
		5 Medicare wages and tips 140221.98	6 Medicare tax withheld 2033.28
		7 Social security tips .00	8 Allocated tips
d Control number 0000115		9 [redacted]	10 Dependent care benefits .00
e Employee's name, address, and ZIP code LARRY HENRY RAY 725 WILDWOOD LANE NAPLES FL 34105	Suff.	11 Nonqualified plans .00	12a See instructions for box 12 Code C 2219.76
		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	12b Code .00
		14 Other FRS MAND 3 % 4198.38	12c Code .00
			12d Code .00

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
FL	69-0500244	136023.60	.00	.00	.00	

Form **W-2** **Wage and Tax Statement** 2016

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy 1—For State, City, or Local Tax Department
Copy D—For Employer.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2016 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

CU0236774-11A5011B421-2

Box 1. Name	Box 2. Beneficiary's Social Security Number
LARRY H RAY	[redacted]

Box 3. Benefits Paid in 2016	Box 4. Benefits Repaid to SSA in 2016	Box 5. Net Benefits for 2016 *(Box 3 minus Box 4)*
$31,944.00	NONE	$31,944.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$31,944.00
Benefits for 2016	$31,944.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

LARRY H RAY
725 WILDWOOD LN

CU0236774