FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2016

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS
JUN 26 2017
RECEIVED

CONFIDENTIAL

********AUTO**ALL FOR AADC 320 T1 P1 8 8
Brian Newell Lamb
Sheriff
Lafayette County
Elected Constitutional Officer
[redacted]

[redacted]

ID Code
ID No. 226068

Conf. Code C

Lamb, Brian Newell

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PROCESSED

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 December 31, 20 16 was $ 497,424.66.

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 $ 40,000

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Home and 8.5 acre lot [redacted] (30,800)	140,966
TD Ameritrade, American Funds, First Federal	252,458.66
2011 Buick Enclave (10,000), 2005 Chevrolet Silverado (10,000), 2005 Ford 250 (10,000)	30,000
1988 Pro-line Boat (6,000), 544H John Deer Wheel Loader (28,000)	34,000

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

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	N/A	N/A	N/A
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.

Brian N. Lamb

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Lafayette

Sworn to (or affirmed) and subscribed before me this 19th day of June, 2017 by Brian N. Lamb.

Donna M. Dennis

(Signature of Notary Public--State of Florida)

DONNA M. DENNIS
MY COMMISSION # FF 079604
March 21, 2018
Bonded Thru Notary Public Underwriters

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

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 ☐

Client copy

Form 1040 U.S. Individual Income Tax Return

Department of the Treasury—Internal Revenue Service (99) | 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 , ending | See separate instructions.

Your first name	M.I.	Last name	Suffix	Your social security number
BRIAN	N	LAMB		[redacted]
If a joint return, spouse's first name	M.I.	Last name	Suffix	Spouse's social security number
[redacted]	[redacted]	LAMB		[redacted]

Home address (number and street). If you have a P.O. box, see instructions. [redacted] | Apt. no. | ▲ 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). [redacted]

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

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. ▶ First name Last name
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. ▶ First name Last name SSN
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**

Boxes checked on 6a and 6b: 2

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)
BRAYDEN LAMB	[redacted]	SON	☒
BRANNAN LAMB		SON	☒
			☐
			☐

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

No. of children on 6c who:
- lived with you: 2
- did not live with you due to divorce or separation (see instructions): 0

Dependents on 6c not entered above: 0

d Total number of exemptions claimed: Add numbers on lines above ▶ 4

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	194,780
8a	**Taxable** interest. Attach Schedule B if required	8a	7,411
b	**Tax-exempt** interest. **Do not** include on line 8a (8b)		
9a	Ordinary dividends. Attach Schedule B if required	9a	2,956
b	Qualified dividends (9b) 1,732		
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	-2,775
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions (15a) b Taxable amount	15b	
16a	Pensions and annuities (16a) b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	-5,272
19	Unemployment compensation	19	
20a	Social security benefits (20a) b Taxable amount	20b	
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	197,100

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	197,100

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	197,100
	39a	Check if: ☐ You were born before January 2, 1952, ☐ Blind. ☐ Spouse was born before January 2, 1952, ☐ Blind. } Total boxes checked ▶ 39a		
	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	16,331
	41	Subtract line 40 from line 38	41	180,769
	42	**Exemptions.** If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions	42	16,200
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	164,569
	44	**Tax** (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	32,840
	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	32,840
	48	Foreign tax credit. Attach Form 1116 if required — 48: 3		
	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 credits from Form: a ☐ 3800 b ☐ 8801 c ☐ — 54:		
	55	Add lines 48 through 54. These are your **total credits**	55	3
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	32,837
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	
	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	32,837
Payments	64	Federal income tax withheld from Forms W-2 and 1099 — 64: 33,721		
	65	2016 estimated tax payments and amount applied from 2015 return — 65:		
If you have a qualifying child, attach Schedule EIC.	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	33,721
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**	75	884
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here. ▶ ☐	76a	884
Direct deposit? See instructions.	▶ b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings		
	▶ d	Account number [redacted]		
	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	
	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
		SHERIFF	
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.)
		PHARMACIST	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
KENNETH J LEE JR CPA	KENNETH J LEE JR CPA	3/17/17		P01216267

Firm's name ▶ KENNETH J LEE JR CPA Firm's EIN ▶

Firm's address ▶ 116 HELVENSTON ST SE Phone no. 386-364-7005

LIVE OAK FL 32064

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: BRIAN N & [redacted] LAMB

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 . . 2 197,100.			
	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	19,710.	
	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 b ☒ General sales taxes	5	1,814.	
	6	Real estate taxes (see instructions)	6	2,917.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8			9 4,731.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10		
	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 ▶ Name / Address / TIN	11		
Note. Your mortgage interest deduction may be limited (see instructions).	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
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	11,600.	
	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 11,600.
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 . . 25 197,100.			
	26	Multiply line 25 by 2% (0.02)	26	3,942.	
	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. ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29 16,331.
	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

2016

Attachment Sequence No. **08**

Name(s) shown on return

BRIAN N & [redacted] LAMB

Your social security number

[redacted]

Part I Interest

(See instructions on back and the 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 ▶		
FIRST FEDERAL		10.
AMERITRADE		7,401.
	1	
2 Add the amounts on line 1	2	7,411.
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	7,411.

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 ▶		
AMERITRADE		2,956.
	5	
6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	2,956.

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 2016, 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 2016, 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 D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.
► Information about Schedule D and its separate instructions is at *www.irs.gov/scheduled.*
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2016

Attachment Sequence No. **12**

Name(s) shown on return: BRIAN N & [redacted] LAMB

Your social security number: [redacted]

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	5000.	4921.		79.
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	79.

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.	16500.	16752.		-252.
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked	10950.	10021.		929.
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instructions	13	923.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	(4454)
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then go to Part III on the back	15	-2854.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	(2,775.)
	• If line 16 is a **gain**, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a **loss**, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is **zero**, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions . . . ▶	18	
19	Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions . . . . . ▶	19	
20	Are lines 18 and 19 **both** zero or blank? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Don't** complete lines 21 and 22 below. ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of: • The loss on line 16 or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	21	(2,775.)
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? ☒ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). ☐ **No.** Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: BRIAN N & [redacted] LAMB

Social security number or taxpayer identification number: [redacted]

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
RR DONNELLEY	01/22/2013	10/06/2016	10950.	10021.			929.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)** ▶			10950.	10021.			929.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

US Schedule D — Schedule D Tax Worksheet — 2016

Name: BRIAN N & [redacted] LAMB SSN: [redacted]

1	Taxable income from Form 1040, line 43, Form 1040NR, line 41, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet				164,569.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	1,732.			
3	Line 4g of Form 4952				
4	Line 4e of Form 4952				
5	Subtract line 4 from line 3				
6	Subtract line 5 from line 2. If -0- or less, enter -0-		1,732.		
7	Smaller of line 15 or line 16 of Schedule D				
8	Smaller of line 3 or line 4				
9	Subtract line 8 from line 7. If -0- or less, enter -0-				
10	Add lines 6 and 9			1,732.	
11	Add lines 18 and 19 of Schedule D				
12	Smaller of line 9 or line 11				
13	Subtract line 12 from line 10. If -0- or less, -0-				1,732.
14	Subtract line 13 from line 1. If -0- or less, -0-				162,837.
15	$75,300 if married filing jointly or qualifying widow(er); $37,650, if single or married filing separately; $50,400 if head of household		75,300.		
16	Smaller of line 1 or line 15			75,300.	
17	Smaller of line 14 or line16			75,300.	
18	Subtract line 10 from line 1. If -0- or less, -0-		162,837.		
19	Larger of line 17 or line 18			162,837.	
20	Subtract line 17 from line 16. This line is taxed at 0%				

If lines 1 and 16 are the same, skip lines 21 through 41 and go to line 42.
Otherwise, go to line 21.

21	Smaller of line 1 or line 13		1,732.		
22	Amount from line 20				
23	Subtract line 22 from line 21		1,732.		
24	$415,050 if single; $233,475 if married filing separately; $466,950 if married filing jointly or qualifying widow(er); or $441,000 if head of household		466,950.		
25	Smaller of line 1 or line 24		164,569.		
26	Add lines 19 and 20		162,837.		
27	Subtract line 26 from line 25		1,732.		
28	Smaller of line 23 or line 27			1,732.	
29	Multiply line 28 by 15%				260.
30	Add lines 22 and 28		1,732.		

If lines 1 and 30 are the same, skip lines 31 through 41 and go to line 42.
Otherwise, go to line 31.

31	Subtract line 30 from line 21				
32	Multiply line 31 by 20%				

If Schedule D, line 19, is zero, skip lines 33 through 38 and go to line 39.
Otherwise, go to line 33.

33	Smaller of line 9 above or Schedule D, line 19				
34	Add lines 10 and 19				
35	Amount from line 1				
36	Subtract line 35 from line 34. If -0- or less, -0-				
37	Subtract line 36 from line 33. If -0- or less, -0-				
38	Multiply line 37 by 25%				

If Schedule D, line 18, is zero, skip lines 39 through 41 and go to line 42.
Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31 and 37				
40	Subtract line 39 from line 1				
41	Multiply line 40 by 28%				
42	Tax on line 19 amount				32,580.
43	Add lines 29, 32, 38, 41, and 42				32,840.
44	**Tax on line 1 amount**				33,065.
45	**Tax on all taxable income.** Smaller of lines 43 or 44				32,840.

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SCHEDULE F (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.
▶ Information about Schedule F and its separate instructions is at *www.irs.gov/schedulef.*

OMB No. 1545-0074
2016
Attachment Sequence No. 14

Name of proprietor: BRIAN N LAMB

Social security number (SSN): [redacted]

A Principal crop or activity: FOREST PRODUCTS

B Enter code from Part IV: ▶ 113000

C Accounting method: ☒ Cash ☐ Accrual

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

E Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on passive losses. ☒ Yes ☐ No

F Did you make any payments in 2016 that would require you to file Form(s) 1099 (see instructions)? ☐ Yes ☒ No

G If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)

1a	Sales of livestock and other resale items (see instructions)	1a					
b	Cost or other basis of livestock or other items reported on line 1a	1b					
c	Subtract line 1b from line 1a					1c	
2	Sales of livestock, produce, grains, and other products you raised					2	
3a	Cooperative distributions (Form(s) 1099-PATR)	3a			3b Taxable amount	3b	
4a	Agricultural program payments (see instructions)	4a			4b Taxable amount	4b	
5a	Commodity Credit Corporation (CCC) loans reported under election					5a	
b	CCC loans forfeited	5b			5c Taxable amount	5c	
6	Crop insurance proceeds and federal crop disaster payments (see instructions)						
a	Amount received in 2016	6a			6b Taxable amount	6b	
c	If election to defer to 2017 is attached, check here ▶ ☐				6d Amount deferred from 2015	6d	
7	Custom hire (machine work) income					7	
8	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)					8	
9	**Gross income.** Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50 (see instructions) ▶					9	

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses (see instructions).

10	Car and truck expenses (see instructions). Also attach Form 4562	10		23	Pension and profit-sharing plans	23		
11	Chemicals	11		24	Rent or lease (see instructions):			
12	Conservation expenses (see instructions)	12		a	Vehicles, machinery, equipment	24a		
13	Custom hire (machine work)	13		b	Other (land, animals, etc.)	24b		
14	Depreciation and section 179 expense (see instructions)	14	3,333.	25	Repairs and maintenance	25	883.	
15	Employee benefit programs other than on line 23	15		26	Seeds and plants	26		
16	Feed	16		27	Storage and warehousing	27		
17	Fertilizers and lime	17		28	Supplies	28	185.	
18	Freight and trucking	18		29	Taxes	29	612.	
19	Gasoline, fuel, and oil	19	94.	30	Utilities	30		
20	Insurance (other than health)	20		31	Veterinary, breeding, and medicine	31		
21	Interest:			32	Other expenses (specify):			
a	Mortgage (paid to banks, etc.)	21a		a	TAX PREPARATION	32a	165.	
b	Other	21b		b		32b		
22	Labor hired (less employment credits)	22		c		32c		
				d		32d		
				e		32e		
				f		32f		

33	**Total expenses.** Add lines 10 through 32f. If line 32f is negative, see instructions ▶	33	5,272.
34	**Net farm profit or (loss).** Subtract line 33 from line 9	34	(5,272.)

If a profit, stop here and see instructions for where to report. If a loss, complete lines 35 and 36.

35 Did you receive an applicable subsidy in 2016? (see instructions) ☐ Yes ☒ No

36 Check the box that describes your investment in this activity and see instructions for where to report your loss.

a ☒ All investment is at risk. b ☐ Some investment is not at risk.

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
2016
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
BRIAN N & [redacted] LAMB	SCHEDULE F	[redacted]

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 2015 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	486.
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 2016 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
19	a 3-year property						
	b 5-year property						
	c 7-year property		26,576.	7	HY	150 DB	2,847.
	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 2016 Tax Year Using the Alternative Depreciation System

20	a 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	3,333.
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	

[redacted]

W-2 DETAIL REPORT - 2016

Employer	EIN	TP|SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
CHEEK & SCOTT DRUGS INC	59-1143485	X	96526	19752	6155	1439					
LAFAYETTE COUNTY SHERIFF	59-0945604	X	98254	13969	6449	1508					
			194780	33721	12604	2947					

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
[redacted]	98254.24	13968.62
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	104017.10	6449.00
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
[redacted]	104017.10	1508.24

c Employer's name, address, and ZIP code

Lafayette County Sheriff's Office
PO Box 227

Mayo FL 32066

d Control number	7 Social security tips	8 Allocated tips

e Employee's first name and initial	Last name	Suff.
Brian N	Lamb	

[redacted]

f Employee's address and ZIP code

13 Statutory employee	Retirement plan	Third-party sick pay
☐	☒	☐

9	10 Dependent care benefits	11 Nonqualified plans

12a		14 Other	
G	2600.00	FRS	3162.86
12b DD	7460.40		
12c			
12d			

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax

18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2016** Department of the Treasury-Internal Revenue Service

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

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
[redacted]	98254.24	13968.62
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	104017.10	6449.00
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
[redacted]	104017.10	1508.24

Employer's name, address, and ZIP code

afayette County Sheriff's Office
) Box 227

[redacted] FL 32066

Instructions for Employee

Box 1. If is subject to an additional 0.9% tax plus interest. See "Other Taxes" in the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with Code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

See the instructions for Form 1040 or Form 1040A for details on reporting this amount

R—Employer contributions to your Archer MSA. Report on Form 8853. Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reductions under a SIMPLE retirement account that is part of a section 401(k) arrangement

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable & nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) included in boxes 1, 3 (up to social security wage base), and 5. See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest.

Instructions for Employee

Box 2. If an amount is shown in box 2, you had federal income tax withheld from your pay, supplemental unemployment benefits, gambling winnings, or a distribution from a pension, annuity, profit-sharing, or retirement plan. If you made a rollover, backup withholding, or withheld too much railroad retirement (RRTA) tax, see the Instructions for Form 1040.

Box 3. Shows the part of your wages that is subject to social security tax. For 2016, the maximum amount is $118,500. Unless you have wages from railroad employment or Indian employment, you should not see an amount in box 3 if you have worked for your employer for a full year.

Box 4. Shows the social security tax withheld from your pay. Generally, this is 6.2% of the amount in box 3. Unless you have railroad employment or Indian employment, you should not see an amount in box 4 if you have worked for your employer for a full year.

Box 5. Shows the part of your wages that is subject to Medicare tax. For 2016, there is no limit on the amount of wages subject to Medicare tax.

Box 6. Shows the Medicare tax withheld from your pay. Generally, this is 1.45% of the amount in box 5. Unless you have railroad employment or Indian employment, you should not see an amount in box 6 if you have worked for your employer for a full year.

Box 7. Shows social security tips you reported to your employer. The amount in box 7 is not included in boxes 1, 3, or 5.

Box 8. If you work in a job where tips are customarily received, and you received tips of $20 or more in a month, your employer may have allocated additional tips to your wages. The amount allocated to you is shown in box 8. It is not included in boxes 1, 3, or 5.

Box 9. Blank.

Box 10. Shows the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts you had deducted from your pay). Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. Shows distributions you received in 2016 from your employer's nonqualified deferred compensation or section 457(b) plan. Any amount in excess of the plan limits is also included in box 1. Other distributions may be reported in box 12 with codes D, E, F, or H.

Box 12. Shows various items such as employer contributions to your health savings account, employer contributions (including your elective deferrals) to a section 457(b) deferred compensation plan, employer contributions (including your elective deferrals) to a section 401(k) cash or deferred arrangement, designated Roth contributions under such plans, nontaxable combat pay, deferrals under a section 409A nonqualified deferred compensation plan, or uncollected social security or RRTA tax on prior year deferrals. For codes A, B, D, E, F, G, H, S, and Y, you may have to pay an additional 20% tax plus interest when you file your income tax return. See the Instructions for Form 1040. For code C, report amounts as taxable income. For code L, see the Instructions for Form 1040. For code M, you may have paid uncollected social security or RRTA tax on group-term life insurance over $50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. For code N, you may have paid uncollected Medicare tax on group-term life insurance over $50,000 (former employees only). See "Other Taxes" in the Form 1040 instructions. For code P, you may have received taxable moving expense payments. See the Instructions for Form 1040. For code Q, you may have received nontaxable combat pay. See the Instructions for Form 1040. For code R, you may have received an Archer MSA distribution. See the Instructions for Form 1040. For code S, you may have received employer contributions to your SIMPLE account. See the Instructions for Form 1040. For code T, you may have received an adoption benefit. See Form 8839. For code V, you may have received income from the exercise of nonstatutory stock option(s). See the Instructions for Form 1040. For code W, you may be able to deduct contributions to your health savings account. See Pub. 969. For code Y, you may have deferrals under a section 409A nonqualified deferred compensation plan. For code Z, you may have income under a nonqualified deferred compensation plan that fails to satisfy section 409A. See the Instructions for Form 1040.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation. For 1 tax, Tier 2 tax, Medicare tax and Additional Medicare Tax, include tips reported by the employee to the employer or railroad retirement (RRTA) compensation for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

NTF 25803337